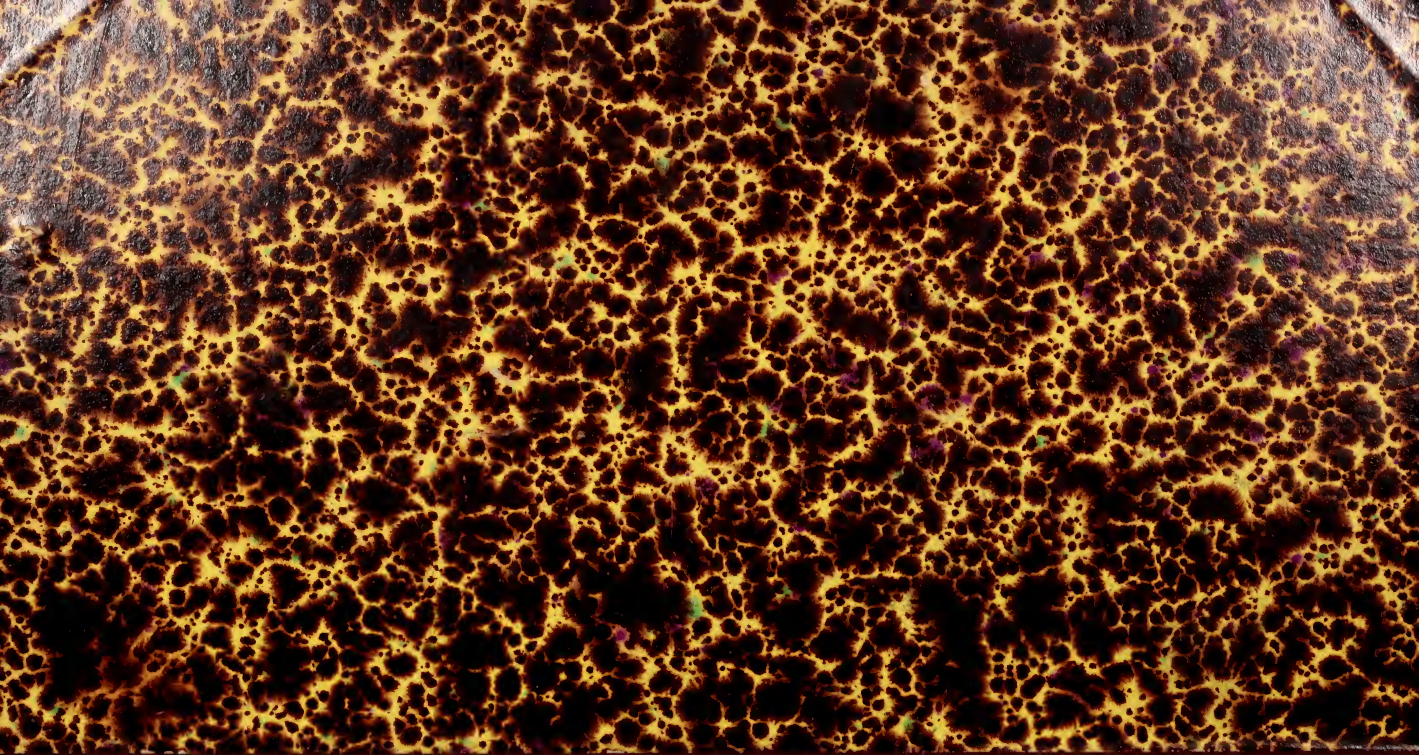

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THE NATIONAL

ECLECTIC MEDICAL ASSOCIATION

QUARTERLY

EDITED BY
WILLIAM NELSON MUNDY, M.D.

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THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME VII. CINCINNATI, SEPTEMBER, 1915. NUMBER 1.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

THE MINUTES OF THE FORTY-FIFTH ANNUAL SESSION, HELD IN SAN FRANCISCO, CAL., JUNE 14-17, 1915.

The annual meeting of the National Eclectic Medical Association was called to order in the auditorium, at 10:45 on the morning of June 14, 1915, by the president, Dr. T. D. Adlerman, of Brooklyn, N. Y.

THE PRESIDENT: In the absence of the mayor of the city, I take pleasure in introducing to you, Dr. A. J. Atkins, president of the California Eclectic Society, who will deliver his address of welcome. (Applause.)

ALBERT J. ATKINS, M.D.: *Mr. President, Fellow Doctors and Members of the National and State Eclectic Medical Societies, Ladies and Gentlemen*:—As president of our State society, I greet and welcome you to our beloved State. Again, as a plain citizen, I welcome you to our great city, and especially to the Panama Pacific International Exposition, the most stupendous undertaking in the way of entertainment this earth has ever known. Here your eyes will feast upon the very best products which nature can produce from every land. Here you will see manifest the full inventive genius of man in his endeavor to improve upon nature and express his soul in art, progress and invention. I bespeak of you to open your hearts and receive this token of love, which the State of California and City of San Francisco have called you from afar to enjoy and appreciate.

While you are enjoying our hospitality, for the sole purpose of comparson, I wish to impress upon your minds that the very ground upon which this magnificent building rests, nine years ago, was a heap of ashes, as a result of the greatest fire known to mankind. Four hundred and ninety-seven blocks, or nearly three-fourths of our city, was a heap of ruins that would bring tears to the eyes of the stoutest heart that ever loved a home. There was more than three hundred and fifty millions of dollars in property loss, upon which less than 50 per cent. of insurance was paid. Two hundred thousand people were made homeless and the whole world sympathized with us in that hour of trial, as we cooked our meals on the burned sidewalks and covered ourselves with the stars of night. San Francisco

deeply appreciated that sympathy from each of you and from every man's land, as it poured in upon her from the world.

It helped her to arise upon uncertain feet, and face the world with an indomitable courage and rebuild the proud city which confronts you today. Nor is this all, that courage assisted by the State and nation has builded the Jewel City by the Golden Gate, an enterprise within itself that almost staggers human conception. Only one thing is greater than all this to our minds, and that is the thing it endeavors to represent—the celebration of the opening of the Panama Canal for the commerce of all mankind, which is as certain to flow to San Francisco as the magnetic needle points to the north pole. The new era is here and we invite you to celebrate and enjoy it with us, for we are as certainly connected with New York by the great waterway as we are by telephone.

When you are weary with all we have to show and entertain you within this metropolis of the west, I beg you to turn your eyes toward the resources, not only of our own State, but those of the whole west, for we desire that you enjoy it all.

Start, if you like with the beautiful southland, where every acre may remind you of the Christmas tree in the old home with its evergreen and oranges hanging from every bough. Stop for a while here and see what the art of man has done to transform nature into a garden of perpetual spring. Here dwells some of our most noble workers for Eclecticism—Munk, Welbourn, Scudder, Barbrick and many others equally worthy—who, in spite of the lack of moisture in their climate, have managed to keep life in our beloved alma mater—the old California Eclectic Medical College. Here you will also meet the cleverest lot of real estate men in the world. They have succeeded in making Southern California out of a little thin air mixed with the sunlight and with scarcely enough aqua pura to cause the mixture to stick; for all that, with these meager conditions, they have done exceedingly well.

When God, with the assistance of man, finished the southland, He put a wall around it, dividing the rest of us mortals from the angels, for just over Tehachipe Mountains to the north, He began to make his own country, filling the lower stratas of the San Joaquin with enough oil to supply the earth and to cure J. D. Rockefeller of dyspepsia. But oil and water will not mix, so God placed the oil underneath the earth and the waters on top in the form of the San Joaquin and Sacramento Rivers, which drain an area of valley land richer than the Nile, and sufficient to feed the whole nation, when their resources are properly developed. To the right, as you traverse the grain fields of the San Joaquin, in the high Sierra Mountains, is the incomparable Yosemite and some big trees. To the north at the upper end of the Sacramento Valley is Mount Lassen, the only active volcano in the United States. It was made to order for the special benefit of the tourist who is forced by circumstance to see America

first. In the northwest stands Mt. Shasta with its whitened head of eternal snow. From its base arise the deep fountains which form the Sacramento River that runs wanton to the sea, joining its waters with those of the San Joaquin to form the fresh water supply of San Francisco Bay, with its final outlet through the Golden Gate into the Pacific Ocean. Toward this Golden Gate every ship of the mighty commerce of the world is now pointing its bow as a result of the opening of the Panama Canal.

Nor is this all; west of the Sacramento Valley is the great redwood timber belt of Mendocino and Humboldt Counties, where there is yet millions of acres of uncut timber, where the trees are so tall that their branches seem to sweep the very tinsel from the sky as they move to and fro in the breezes from the Pacific Ocean.

A whole lifetime would be required to tell you of the wonders and beauties of our home and State, but now that you are here, I suggest that you just let it sink into your hearts and carry its memories back with you to become a part of your future lives. Again, I welcome and thank you.

THE PRESIDENT: I now take pleasure in presenting to you a man who is not unknown to you, a man whom we all love—everyone of us—Prof. John Uri Lloyd, who will answer Dr. Atkins. (Applause.)

JOHN URI LLOYD, Cincinnati, Ohio: Mr. President, I wish you could have told these young people that just while this man was speaking you asked me if I would reply. I have no prepared speech, and I will say in all frankness and candor that to attempt to reply to the admirable address we have had by the doctor would necessitate care in preparation, such as I have not had time to make. But I wish to congratulate the doctor. He seems like a young man to me as I think back, almost a boy, and I wish to congratulate him for having done so well. I look back to him as a boy, but the time has gone by and now he is a doctor, occupying the position he does in the California society and welcoming us to San Francisco.

He has told us much about this State of California, but he has told us little as concerns that which he might have told us had he had the time to do so. He knows full well that while he called our attention to certain features that appeal to us and others visiting California, yet he might have filled the afternoon and not have exhausted the subject of California—impossible to do so. To the welcome of the doctor I want to say that we thank him for having called to our attention that which he did, and for the generous welcome and for all he said to us, but I would like, while I have the opportunity, to add a few words that I think you will agree might have been said and would have been said by the doctor were it not for the fact that he did not want to take up so much time, and that he did not want to appear egotistical in bringing to us the opportunities and advantages of this great State.

I think backward when I think of California. I think not so much of

these great buildings, or even this Panama Exposition, as I do of the beginnings of the State of California. Then was reared and uplifted the great work in California. It is only a short time ago, compared with Old World countries, since down in that old bay of pearls, in Loreto, Lower California, the old monks started on their journey to the north, on their journey into an unknown land that laid north of them, in behalf of their religion and their God, to help the people who lived in this land and give them the needed light as they carried the light. And the sufferings that these people went through, the privations that came to them as they traveled their weary way from that old bay of Loreto up to the Arizona and New Mexico country and through this whole land out here—that is the thing I think of in connection with California. When I first came to this land of California, nothing struck me so impressively or touched me so deeply as did the missions scattered over the lower end of California, relics of days gone by that speak of the tread of those faithful, sacrificing people who opened up the State of California. And when they found this beautiful spot here with the magnificent harbor—second to none in the world—it seems to me as I go over this State that they struck the crowning point for the commercial trade and display, such as we have here in this magnificent Panama Exposition.

The doctor spoke of the mountains of California, and well he might, because California has a record in this line second to none in this country. Is there any other point in the United States where they have an active volcano to show at the time of the Panama Exposition, where they can say, "You do not have to go to Italy nor across the ocean to see volcanoes—come to California and we will show you an active volcano." Can there be a greater treat to those who wish a treat of that description? But I had enough in Italy. The mountains of California extend for hundreds of miles lengthwise of the coast, and the doctor omitted to mention the most beautiful of all the mountains of the west, although it is not in California—Mount Tacoma—the grandest of the mountains I have ever seen, snow-capped Mount Tacoma, that usually covers her face from those who want to see with a veil of mist, as though she was too modest to stand before the world uncovered.

And what more can I say? Do we not know the work of this exposition? Do we not know what the people of San Francisco have sacrificed for this exposition? Are we not informed in regard to that work that they took upon themselves for the benefit of the whole country? Do we not know what they took upon themselves in the way of financial responsibility, and can we not see at the exposition the marvelous story of their work and effort? I wish the whole United States could know that this exposition stands supreme, as I look upon so many expositions that this country has witnessed. If there was one that I have not attended I can not think of it, unless it was the Jamestown Exposition, and I say to

you this beautiful California Exposition surpasses them all in many respects. Let me call your attention to just one feature—the magnificent collection of artistic buildings that harmonize. Can you think of any other exposition where the buildings harmonized, where there has been no break, where there has been no glare of white to dazzle you, where the buildings have not been separated so far that it was almost impossible without tiring yourself out to travel from one to the other? I make this contrast kindly, because I feel that San Francisco and California need that praise, for it is praise in truth and fact.

Do not forget—I take this opportunity, Mr. President—do not forget when you attend the exposition to visit the Ohio building. I hope you will. (Applause.) I have an interest in the Ohio building, and I have done so much work in that direction that I feel we should all have an interest in that building. I hope you will all visit it, but listen—there are other States as well. The great States of New York and Pennsylvania, have contributed magnificently, and we have members here from most all the States. Visit these State buildings. Where you are from the State, record your name as having visited that building, because they wish that record.

Mr. President, I thank you for giving me this opportunity to address this society. I see I am to speak again, and I must be careful not to tire you out, therefore, I again thank the doctor for having welcomed us so admirably, for having touched so aptly and beautifully the things he did in welcoming us to this home he has here now, that we all have here now, for San Francisco is the home of the National Eclectic Medical Association this week. I thank you. (Applause.)

THE PRESIDENT: *Ladies and Gentlemen*:—It now gives me great pleasure to introduce to you the mayor of the most beautiful and the most hospitable city of this continent, Mayor Rolph, who will now address you. (Applause.)

JAMES ROLPH, JR., Mayor of San Francisco: *Mr. Chairman, Ladies and Gentlemen of the National Eclectic Medical Association*:—I am very sorry that through some misunderstanding I was not aware that I was to be present this morning to extend to you a welcome to our city. It was not on my calendar, but Mrs. Atkins, seeing I was in the building to address another convention, notified the doctor and he asked me to come in here. It is with great pleasure that I welcome you to our city. I know but little about medicine, although I expected in my early life to become a doctor. I entered Cooper Medical College in this city and matriculated and anticipated going on, but the death of my mother changed my future career and I remained in business, so in my early life I had a very fond feeling for the medical profession, and might have had M. D. attached to my name at the present time—but that is about as much as I know about medicine, and I have been blessed by having very few bills presented for medical services.

I am here to pay the city's respects to you, coming from all parts of our country. You honor us in visiting San Francisco at this time and choosing our city as the place in which to hold your annual convention. As you look about you at this auditorium, remember that four miles in every direction—from the water front to Van Ness Avenue, and from the north beach to 20th and Valencia—this city was destroyed by the earthquake and fire of 1906. Yonder is what remains of the old city hall, and the whole city was damaged and lay in burning ashes on April 18, 19 and 20, 1906. Our people left their homes in these districts, took off the wall a portrait of father or mother, of grandfather or grandmother, a canary bird, a baby carriage, or something—anything they could pick up and started out, thousands and thousands and thousands of them, with little children in arms or walking beside them, to get up into the hills, and there they camped out for three days. Three days later they came back over the burning brick piles to see if there was anything left of the old home, the old homes that were here when San Francisco was a young city, and they found everything gone. Undaunted and undismayed, they set about to rebuild their city, and how well they have done it, modesty forbids me to state—the accomplishments of my fellow citizens during the past nine years. When you look around now and see these attractive modern buildings, these neat, modern, beautiful little homes, the new streets, the high pressure system, this magnificent auditorium, the new city hall that will be finished this year—all this typifies the character and the spirit, the energy and the enterprise and devotion to their city of my fellow citizens, and I am coming to present their compliments to you and bid you welcome and to thank you for coming here. (Applause.)

One point of interest that will be attractive to the men and women of the medical profession is San Francisco's new hospital. We have built, by bond issue, a modern hospital in every respect, thoroughly equipped, because when the San Franciscans remembered the days of 1906 they were determined that they would build a hospital where could be taken care of all the sick and the needy, that all who went into the door should find a willing welcome, a place where none who asked for admission would be turned away. That is the spirit of my fellow-citizens, and I hope you will all visit our new hospital before you leave the city.

And in traveling around over the city, may I suggest that you spend as much time as possible at the exposition? At the north part of the city there stands a sixty million dollar World's Exposition. Almost every country in the world is there, Norway and Sweden, Denmark, all the countries of both North and South America, the countries of the Old World, the islands of the Pacific and of the China Sea, Siam, Japan, China, Canada, and every State of the United States, all meeting together in a world's exposition to celebrate our country's great national undertaking, the completion of the Panama Canal, which cost our government

$460,000,000 to build and which has changed the trade routes of the world. Trans-Atlantic steamers that were wont to travel across the Atlantic are now bringing passengers from the Atlantic seaboard through the canal to San Francisco, a seventeen day run, and going back and taking them through the canal to all parts of North and South America. Wonderful events are taking place in science and art, and all this is pictured at the exposition. Greece is there with the work of the old masters, statues of Pericles and Demosthenes and Socrates, the art that we learned about in our early days. Go out and feel that you are meeting in Athens, or go into Italy's building and feel that you are meeting in Rome—in France—everything right here in our city. All this you have an opportunity of seeing while you meet in convention.

What changes have taken place! I remember addressing a convention of railroad officials in this building a few weeks ago, and my mind immediately reverted to the thought that in 1848, 1849 and 1850, when the old pioneers, who built up this great country traveled this way they had to come across the prairies with ox teams. Many lost their lives, families were wiped out, fathers died, mothers died, children died and children were born on the plains. A few years later the golden spike was driven joining the Central Pacific and Union Pacific, and then they came across by railroad. They cut out the long trip with ox teams, they cut out the voyage around Cape Horn—all those dangerous features were gone when they could come by railroad. And now they are coming through the Panama Canal. In the old days it took thirty to fifty days for a letter to reach New York; it took ten days to cross the continent, but to-day you can take up the telephone and talk to your friends in any part of the United States. When we went to school we read about Darius Green and his flying machine—an impossible thing, and almost every afternoon now you can go out to the exposition grounds and see Art Smith write his name in red fire in the heavens from an aeroplane, and at night sending up fireworks, red fire bombs, parachutes and balloons. These things can be seen out here at the exposition grounds while you are holding your convention.

You are here for business, of course, and I hope your meetings and discussions will benefit the medical profession and the medical world and thereby help mankind, because you have a profession upon which the whole of mankind depends, and the more you know of the science of medicine, about the human frame and the human body, the better will it be for mankind. I hope that mankind will profit by your discussions here, yet the old saying is that "All work and no play makes Jack a dull boy." So take some time for play, to see our city and the exposition, and I hope that every minute spent here will be delightful and that you will feel repaid for your visit to San Francisco and the exposition. The time was when the mayor of a city extended a key. We threw the key away the first of January, 1915. We have no keys; every home is unlocked, all places are

unlocked, we are happy to have our friends come and visit us, and you will find in every San Franciscan heart the motto of the old Spanish padres, "Our hearts, our homes, all we have is yours." That is the message I bring to you this morning from my fellow-citizens of San Francisco. (Applause.)

PRESIDENT: I am sure that after this address of welcome we ought to feel at home. I will now present to you Dr. Munk, of Los Angeles, who will respond. (Applause.)

J. A. MUNK, M.D., Los Angeles, Cal.: *Mr. President, Ladies and Gentlemen and the Honorable Mayor:* I assure you that we heartily appreciate your cordial words of welcome. To many of us, no doubt, this is our first visit to San Francisco. I am not as new as that; you might call me an old timer. Our State is a thousand miles long from end to end, and I live in the neighboring city of Los Angeles, so we are neighbors.

To think of California, to anyone who knows nothing about it, is like a dream—and not such an ancient dream in some respects. The early history of the State, the early Spanish civilization and the development of the country and the occupation by the padres of the Catholic church is a wonderful record, but our especial interest dates back to the time of the Argonauts, when the cry of gold was raised throughout the East and men and women went wild at the name of gold. Everybody wants gold, and everybody went to hunting it that could get away, and, Mr. Mayor, that exodus of people from the East brought the best blood and sinew of the country to this region (applause), in the search for this precious metal, and it resulted in the development of this wonderful country as you see it to-day. Furthermore, this is only the begining of things. Those men who came at that time are to be envied, but think what the children of the present day have to look forward to. I envy them. I wish I was a young man, a child just growing up, and had the prospect of fifty years to see the development that will take place in this country in that length of time. It will be something wonderful.

We all have new experiences. When the automobile came into existence, we old fellows did not take much interest because we thought they were for the boys; but, say, it even gets into our blood. (Laughter.) I have had an experience I would not take anything for, just recently. I came up in an automobile from Los Angeles, eleven of us in three machines, and it was the time of our lives. (Applause.) And it will not be the last time. Why do people want to go to Europe to see the beauties of nature when they can see them in such vast expanse all over this country?

I have been in San Francisco a number of times in the past twenty years, I have attended various public conventions, but my first visit was in 1886, at the G. A. R. meeting, and such a welcome I am sure the old boys never got before and perhaps never since. I know in our party we considered it the red letter day of our lives, and we have never changed our minds. And when McKinley was out here I was also present, and on other great occasions, but this is what I want to mention: I presume the

blood of the Argonauts is still present in the country in the younger generation, for I remember when we came to the city and stopped at the Palace Hotel and looked up and down Market Street we saw men, the like of whom we had never seen before—great, magnificent specimens of manhood. It impressed me powerfully, and I could not understand where they were from, but they were Argonauts—and this country is the result. And if you went up on Montgomery Street, where the ladies were gathered shopping, such handsome creatures, such faces and forms I have never seen anything like it in the world.

I certainly am proud of California and do not want to live in any other place. We are glad to receive your welcome and are glad to be here, and I think we will have an interesting meeting. We are going to have an interesting Eclectic day at your exposition, and we are all going to see the exposition. We are going to take in everything in sight, and we also expect to leave you some of our dollars, which we are happy to do. I know your welcome has made us feel at home, and I know there is not a more generous, friendly community in the whole land than this great city of San Francisco. I speak from experience and I know this will be no exception. (Applause.)

Moved and carried that a vote of thanks be given to the mayor for his address, and that he be invited to be present at the exposition on Eclectic day.

The roll call of officers showed the president, first vice-president, recording and corresponding secretaries and treasurer present and the following States: Arkansas, E. H. Stevenson; California, H. C. Smith; alternate, A. J. Atkins; Florida, D. E. Saxton; Illinois, J. B. Matthews; Indiana, G. C. Porter; alternate, W. P. Best; Iowa, J. B. Horner; Kentucky, Lee Strouse; alternate, J. C. Mitchell; Minnesota, T. D. Adlerman (proxy); Missouri, L. G. Blanchard; Nebraska, F. M. Andrus; Nevada, J. P. Martin; New Jersey, J. V. Conover; New York, Henry Stoesser; Ohio, E. B. Mercer; alternate, R. A. Campbell; Oklahoma, T. L. Sharp; alternate, E. G. Sharp; Oregon, H. L. Henderson; Pennsylvania, W. S. Glenn; alternate, G. B. Shivery; South Dakota, W. E. Daniels; Texas, C. G. Price; Utah, C. M. Chandler; California College, H. Ford Scudder; Lincoln College, F. L. Wilmeth; Cincinnati Medical College, E. B. Shewman.

DR. BEST: There being a sufficient number of States represented to constitute a quorum, I declare this a legally constituted meeting of the National Eclectic Medical Association.

PRESIDENT: The minutes of the last meeting will now be read.

Moved by Dr. W. P. Best, seconded and carried, that the minutes as published in the QUARTERLY by the corresponding secretary, W. N. Mundy, be adopted.

PRESIDENT: We will now listen to the reports: First, the report of the recording secretary.

RECORDING SECRETARY'S REPORT.

Retrospect.—For eight years I have watched, with growing interest, the development of our National body. In 1907, in the city of Los Angeles, inspired by the needs of our organization and imbued with the spirit of the men who helped make that great city, we undertook the herculean task of reorganization. Then our "National" was but a handful of the Eclectics of the United States, and we were a loosely united, hardly an organized body, with no official publication and little influence. This has all gradually changed. Now we return to this great State, and in the shadow of the beautiful buildings, works of art, where is exhibited a most wonderful collection of the world's handiwork, we meet a closely organized body, a four-fold increase of membership, with a splendid official publication to represent our interests and double the balance to our credit in our treasury.

Correspondence.—During the period of our development as an organization, we, of necessity, gave most of our time and efforts to the work of getting State societies interested, and, the task of affiliation being accomplished, more time and energy were directed to the isolated non-members in all the States this work has from necessity been done by correspondence. I would suggest that your secretary be instructed to complete a file of names, addresses and place and time of graduation of every known Eclectic non-member. The reasons for this are obvious. But to do it will add to the work and expense of the secretary's office, but it is one of the means to better organization and better understanding of the needs of our men.

Propaganda Work.—Co-operating with the arduous and efficient retiring president, we, with his advice and assistance, have made a more extensive canvass of all our States, and particularly of non-members thereof, than ever before. While this work has not given great tangible results, yet some gratifying returns are to be seen; yet this work, if consistently followed up, promises more toward a general better understanding of what the association is and what it stands for, and what it could be to Eclectics at large than any effort previously made. I would respectfully advise the continuance of this line of work, provided you see fit to direct money and effort to this feature of our organization.

Membership.—Never before have your executive officers put forth so much effort to reclaim our men or to interest those unidentified with the cause. To carry this work out, to develop to the limit, the possibilities of this feature of extension of our usefulness and influence, will require the steady employment of office assistance, because no busy physician who has sufficient interest in and knowledge of the work can afford to devote his personal time and energy to the details of such work. I would recommend that you authorize the use of no less than $200 for this purpose, for it has actually cost more than this amount this year, to say nothing of the fact that your faithful and tireless president has used his personal funds for

his own stenographer. Permit me to add that our growth in the future will, in a large measure, depend upon the policy this association assumes toward this class of our practitioners.

Considering the fact that our State societies are now all affiliated, all members thereof being contributing members of this body, with few exceptions, a list of one hundred new members before State Society reports come in, is very encouraging. These are drawn almost without exception from our own graduates, as we do not draw recruits from the entire medical profession.

We began the year with about 50 per cent. of our membership delinquent —including all classes from one to three years in arrears. This unfortunate showing was due to many factors. Neglect of State Society officers to collect dues in a regular and business-like way, poor or unsystematic methods, and, last, the convenient claim of "Democratic times." It seemed to your executive committee absolutely necessary in view of the above facts, that they assume a large measure of the work which should have been done, and is done, by good, loyal, active and business-like State officers.

A vast amount of hitherto unnecessary correspondence was thus undertaken. We justify our efforts by the results, for this delinquency has been largely wiped out. Some misunderstanding and antagonism grew out of this work. But the facts remain. The 50 per cent. delinquency (suicidal in itself), inactivity on the part of many State officers, whose work it is and to whom we would gladly refer it. Out of this experience grows the demand for some systematic way of doing this work and harmonious and timely efforts to accomplish it. We would, therefore, urgently recommend that our State bodies carefully select capable and willing secretaries who will aid in working out a uniform method of keeping records and collecting dues. This can be best accomplished by a conference of State secretaries with the National secretary, and, as a means to this end, we would suggest that each of the State societies pay all or a part of the expense of the State secretary to the annual meeting of the National, in order that we may feel justified in taking the time necessary to thus prepare for more efficient service.

One feature of this lack of system is evident in the discrepancies which creep into the account of individual members. In several instances we have members credited to 1914, who are credited to 1915 by the State secretary. These errors are chiefly due to the difference in dates to which the member was credited when he joined. This can be readily adjusted with no loss to the association by dating such a year ahead and noting the fact that it is done to rectify the error. The changes can thus be made without charging a year's dues to the officers and needless and sometimes annoying correspondence pertaining thereto. The National Executive Committee has fully considered this matter and we would recommend that we be authorized to thus correct these errors.

Our Colleges.—The eliminative progress by which the "fittest only survive" has had its effect upon medical colleges as well as all institutions of learning. Legislation, foundation funds, State university support and demands for higher pre-medical qualifications have been carried, it would seem, to the full limit. State boards have vied with each other in doing by resolutions and regulation all that has not been accomplished by other agencies. Yet we have some colleges which have steadily met all the rapidly and ever-changing demands.

The conditions which surround the mother school, the old Eclectic Medical Institute, Cincinnati, Ohio, are satisfactory, and, with the aid of the alumni, she has equipment, teachers, laboratories, etc., which produce graduates qualified to practice in thirty-eight of our States.

The Eclectic Medical College, of Lincoln, Neb., has unusual advantages in the fact that it is a part of Cotner University. With the support of its alumni and all Eclectics within its geographical jurisdiction, it will continue to develop and meet all the exacting requirements of the times.

The California Eclectic Medical College, at Los Angeles, has weathered the storms of opposition and is meeting the demands of the rapidly changing legislation characterizing the State in which it is located.

Kansas City Eclectic Medical College is in one of the best regions of our country and should be encouraged in its efforts to equip with teachers and laboratories necessary to comply with the demands of education.

While all schools naturally resent the official and semi-official dictatorial attitude of any and all organizations, yet, if like Caesar's wife, they be "above any and all suspicion" in their management, well equipped and do the necessary work to produce successful practitioners, our enviable reputation as successful physicians will thereby be enhanced.

The officers of the National have given considerable time and thought to the needs of the Georgia Eclectic Medical College. This college has unusual opportunities if conditions can be adjusted, so as to rise to the needs of the hour. Your officers in recent years have devoted time and personal efforts to the needs of this college, but primarily the State Society must be reorganized and the alumni be aroused to proper support of the college. There must be harmony in the faculty. The college must be taken from the hands of a few who have mismanaged it and placed in the hands of men who are able to serve the cause above personal consideration. We have been importuned to aid the Georgia College, but after much correspondence and personal investigation by several of our members (Drs. Scudder, Harvill and Mundy), we can only recommend that the National demand first that this college be placed wholly in the hands of a board of directors, a majority of which shall be members of the National and *one* of which at least shall be selected by the president of the National with the approval of the Executive Committee; under some such a plan only could we consider the extension of aid. This has been plainly set forth

to the president of the Georgia Eclectic Medical Society, who urges the National to meet at Atlanta next year, hoping for its helpful influence in their society and college.

The Confederation of Eclectic Medical Colleges.—This body has been in existence for some years. It has been an organization independent of the National, though meeting at the same time. The organization has had no power to enforce its recommendations, nor has the National Association had any jurisdiction in the affairs which came before the confederation for consideration or adjudication. Since this confederation has become practically obsolete, and exists in its title chiefly, we, therefore, recommend that this association adopt a resolution creating a committee on colleges, to be appointed by the president; said committee to be composed of carefully selected representatives, one, or not more than two, from each Eclectic college now represented in the confederation whose duty it shall be to carefully consider and report upon, with recommendations to this body, all questions of importance relating to any and all Eclectic medical colleges recognized or appearing for recognition by this body.

Medical Legislation.—This subject is one which has engaged the attention of all classes of healers, for the past decade especially. Generally speaking, restrictive legislation has served to embarrass legitimate practitioners chiefly. The representatives of cults and quackery ply their nefarious business without hindrance in many States. In some States attempts have been made to give this class of healers legal standing by laws regulating their practice.

A letter of inquiry was sent to each State secretary asking for a brief report of all legislation attempted this year. In Arkansas, an attempt was made to pass a bill creating a composite board with a majority of old school appointees. This bill was defeated. C. B. Crosby, M.D., Heber Springs, Ark., was appointed to a place on the Arkansas Board of Health, but he is not a member of the National. In Connecticut, the druggists had a measure before the legislature to make it illegal for a physician to do his own dispensing. A bill for consolidating the examining boards was also introduced. In Georgia, the board has ruled, refusing to extend recognition to all Class C colleges. In Kansas, a new law empowers the city officers to appoint medical and dental examiners for the schools. In Nebraska, a bill was enacted into a law legalizing the chiropractic healers. In New York, the Eclectics, lonehanded, defeated all bills inimical to them. In Ohio, a law was enacted regulating chiropractics, drug healers, optometrists, chiropodists and nurses, all of which are now under the control of the Ohio State Medical Board. In Pennsylvania, a bill to place optometrists under the jurisdiction of the "Bureau of Medical Education and Licensure" is up for passage. In South Dakota, the chiropractic bill was defeated. In the States not mentioned in this list there either was no legislation attempted or passed, or inquiries unanswered.

Conference with Homeopaths.—In 1912, upon the request of the National Institute of Homeopathy, President Wilmeth appointed a committee to meet a like committee of the former to confer relative to matters of mutual interest. This committee was appointed, met in conference with the Homeopathic Committee, in Chicago, and reported to this body subsequently. This report was accepted.

I herewith submit, in the absence of Dr. Scudder, the report for this year. In conjunction with this, I herewith submit some correspondence relating to the expense of one of the first appointed committeemen.

Erratic Election of State Officers.—We have had an anomalous situation in two of our State societies during the past year. After the meeting of these two societies (Wisconsin and Georgia) we found that in the former the secretary, Dr. Haney, Watertown, Wis., had not paid his dues. Regardless of our correspondence he still remains delinquent. In the latter case, Dr. C. H. House, Kirkwood, Atlanta, Ga., accepted the Georgia secretaryship, and regardless of the urgent correspondence, he has, by his silence on the question, refused to comply with our demands that he, as an officer of the State Society, should become a member of the National. I would respectfully recommend that this association adopt a standing resolution setting forth the position it desires to assume in such cases, that your officers may have specific guidance in such cases in the future.

Respectfully submitted,

WM. P. BEST, M.D.,
Recording Secretary.

This report is referred to the House of Delegates.

PRESIDENT: Report of corresponding secretary.

W. N. MUNDY, M.D.: We herewith present to you our seventh annual report. Of necessity it is practically financial. There are a few things, however, to which I desire to call your attention.

First, the QUARTERLY is the property of the association, owned and controlled by it; this being so, the membership should use its pages more extensively. This can be accomplished by informing the editor of any medical news occurring in your locality. Medical news of any description is desired, either political or social. Secondly, being the official organ of our association, State and local society's secretaries ought to forward the editor brief accounts of their society meetings. Thirdly, Eclectic physicians holding official positions should avail themselves of its pages to inform our branch of the profession of new medical rulings or legal enactments in their section of the country. A brief note or postal card will suffice. Fourthly, the membership should assist the editor in securing advertising for its pages. If we could, by some means, come to an understanding that we will help only those who help us it would go a long way in assisting in the procuring of more advertising for our journals. With its circulation extending into every State in

the Union, I can not see why it should not be a good advertising medium.

My financial report is as follows:

RECEIPTS.

1914.			
June 20.	H. E. Pace, subscription	$ 1.00	
July 24.	Oscar Prather, subscription	1.00	
Aug. 25.	Advertising, net	93.65	
Aug. 29.	E. G. Sharp, subscription	275.00	
Sept. 7.	Dr. Shafor, subscription	2.00	
Nov. 2.	Subscription	1.00	
Nov. 10.	Dr. Linquist, dues	4.00	
Nov. 18.	Dr. Waldron, dues	5.00	
Nov. 24.	Advertising, net	82.32	
Dec. 7.	Dr. Sharp, subscription	275.00	
Dec. 14.	T. Doyle, dues	4.00	
Dec. 15.	Dr. Adlerman, reprints	5.35	
Dec. 21.	J. S. Wells, dues	2.00	
Dec. 28.	Dr. Tuchler, reprints	1.67	
1915.			
Jan. 8.	Oscar Prather, subscription	1.00	
Jan. 18.	R. M. Jernigan, dues	2.00	
Feb. 20.	E. G. Sharp, subscription	275.00	
Feb. 20.	Advertising, net	84.83	
Mar. 2.	A. G. Henry, subscription	1.00	
Mar. 24.	Pauline Beucler, subscription	1.00	
Mar. 30.	P. K. Pratt, dues	2.00	
Apr. 15.	E. D. McHenry, dues	2.00	
Apr. 30.	F. P. Jones, dues	2.00	
May 11.	E. G. Sharp, subscription	275.00	
May 26.	Dr. Baldwin, reprints	10.00	
May 26.	Advertising, net	85.58	
	Total		$1,494.40

EXPENDITURES.

1914.		
Aug. 29.	Lancet-Clinic Co., printing	$222.83
Aug. 31.	Salary, editor	75.00
Sept. 7.	W. P. Best for Shafor's dues	2.00
Nov. 10.	W. P. Best, dues for Linquist	4.00
Nov. 18.	W. P. Best, dues for Waldron	5.00
Nov. 25.	Lancet-Clinic Co., printing	229.55
Dec. 1.	Emerson W. Price, supplies	2.55
Dec. 7.	Editor, salary	75.00

Dec. 7.	Stenographer, January, 1914, to Jan'y, 1915.	100.00
Dec. 14.	W. P. Best, dues for Doyle	4.00
Dec. 14.	Lancet-Clinic Co., reprints	10.50
Dec. 21. 1915.	W. P. Best, dues for Wells	2.00
Jan. 18.	W. P. Best, dues for Jernigan	2.00
Mar. 8.	Lancet-Clinic Co., printing	256.20
Mar. 8.	Salary, editor	75.00
Mar. 18.	Union Republican, envelopes	5.66
Mar. 30.	W. P. Best, dues for Pratt	2.00
Apr. 16.	W. P. Best, dues for McKinney	2.00
Apr. 30.	W. P. Best, dues for Jones	2.00
May 3.	Union Republican, envelopes	6.50
May 18.	Express	.36
May 19.	Emerson W. Price Co., paper	3.75
May 28.	Lancet-Clinic Co., printing	231.32
May 28.	Salary, editor	75.00
May 30.	Postage on manuscript and QUARTERLIES	8.35
	Total	$1,412.58
	Balance paid treasurer	$ 91.82

RECAPITULATION FOR JOURNAL ACCOUNT.

RECEIPTS.

	Total subscriptions from Treasurer Sharp	$1,100.00
	Gross amount from advertising	441.73
	Subscriptions	13.10
	Reprints	17.02
	Total	$1,571.85

EXPENDITURES.

	Printing	$ 904.07
	Salary, editor's	300.00
	Stenographer	100.00
	Postage, mailing, wrapping, etc	112.80
	Reprints, envelopes, etc	35.83
	Total	$1,452.70
	Net balance	$ 119.15

Sixteen hundred copies at $1,333.55 makes the net cost of QUARTERLY, per copy, $0.83 1/3.

A comparison with previous years (see Volume 6, page 13) shows that the amount received from advertising has steadily decreased since 1911-

1912, about $50.00 during the last year, notwithstanding all my efforts to increase it.

The present volume contains 380 pages and cost about $1,333.55, whilst Volume 5 contained 386 pages and cost $1,362.64, and Volume 4, 400 pages, $1,413.70.

W. N. MUNDY, *Editor.*

Referred to Auditing Committee and House of Delegates.

TREASURER'S REPORT TO JUNE 1, 1915.

RECEIPTS.

1914.			
June 1.	By balance, cash on hand	$1,706.44	
June 26.	By rebate on QUARTERLY	91.08	
Aug. 26.	By collections from exhibits	75.75	
1915.			
June 1.	By yearly dues collected	2,131.25	
	Total cash received		$4,004.52

1914.	DISBURSEMENTS.		
June 19.	No. 253. W. N. Mundy, sal'y and expenses	$ 242.87	
June 19.	No. 254. E. G. Sharp, incidentals and expense to National	76.20	
June 19.	No. 255. Wm. P. Best, salary, stenographer and miscellaneous expense	338.18	
June 19.	No. 256. O. S. Coffin, printing, stamps, etc.	8.00	
June 19.	No. 257. Lancet-Clinic Co., programs	20.00	
July 8.	No. 258. F. E. Dillon, reporting meeting	75.00	
Aug. 12.	No. 259. Wm. P. Best, sten. and incidentals.	120.60	
Aug. 12.	No. 260. T. D. Adlerman, stamps	4.00	
Aug. 29.	No. 261. W. N. Mundy, Sept. QUARTERLY.	275.00	
Sept. 15.	No. 262. Alfred Adler, treasurer's bond	10.50	
Sept. 16.	No. 263. Wm. P. Best, pr't'g and supplies.	92.62	
Sept. 29.	No. 264. Wm. P. Best, pr't'g and supplies.	19.71	
Dec. 3.	No. 265. Wm. P. Best, stationery, stamps	39.74	
Dec. 3.	No. 266. W. N. Mundy, Dec. QUARTERLY	275.00	
1915.			
Jan. 28.	No. 267. Wm. P. Best, p'tage and supplies.	37.96	
Feb. 18.	No. 268. W. N. Mundy, March QUARTERLY.	275.00	
May 6.	No. 269. W. N. Mundy, June QUARTERLY	275.00	
May 12.	No. 270. Wm. P. Best, stamps and supplies.	38.87	
	Total disbursements		$2,224.25
	June 1, 1915, by balance cash on hand		$1,780.27

PRESIDENT: Referred to the Auditing Committee.

Reports of Standing Committees.

Report of conference between the committee of National Eclectic Medical Association and committee of National Institute of Homeopathy (see June Quarterly, page 378).

Referred to House of Delegates.

Report of Organization Committee.

W. N. Mundy, M.D., *Chairman*: In presenting my second report, there is but little new to add to my report of last year. The past year has been an exceedingly busy one and I doubt very much whether there has ever before been such an earnest effort put forth to rally to our standard those who should support us. Under the leadership of our president, a concerted effort has been put forth to reorganize and rehabilitate lukewarm, dormant and lapsed State societies. The effort has not stopped with societies, but the individual members have been appealed to in addition.

As I review the past year's work, I honestly believe that the most deterrent factor in our work has been indifferent State secretaries. Some would give us pleasant and encouraging replies; others were fault finding, and others again, and to my mind this is the worst of all, would not even reply to letters of inquiry. More than a third of a century of active work in various societies has taught me that the one essential officer is the secretary. I am convinced that the condition of a society reflects the nature or character of the secretary. He is more essential to the well-being of the society than the president.

The condition of our State societies have been a source of anxiety to the executive committee. Some have been reorganized and placed upon a firmer footing and others have shown a renewed activity. There are only two State societies that exhibit a marked falling off and these we hope to see renewed. Your committee have worked faithfully and we can honestly attribute all shortcomings to three thingse placed in this order: First, internal dissensions; second, disloyalty; and third, apathy or indifference. This latter condition I can hardly understand, as it is most marked in those holding official or political positions and these positions only granted by reason of there having been at one time a live working society in the State. Yet many men forget the State and National society as soon as they secure the plum.

It is imperative that we maintain strong State and local societies, not only us, but all physicians, no matter what the school. Legislation is rife, and much of it does not inure to the benefit of the physicians; in fact, it hampers him in his legitimate work and seriously abridges his privileges. We can only curtail this by united action, for there is nothing that appeals so strongly to our professional politicians as votes. Show them our strength and that we mean what we say and he quickly succumbs. It is not necessary, nor would time permit, nor would anything be gained by me enumerating the condition of each individual society, nor specialize

on legislation. Our work is constantly being hedged about by legislative activities and though the physician is compelled to be educated in accordance with legislative exactitude, the State presupposes he is still incompetent to act intelligently or prescribe understandingly, and so forthwith, our wiseacres in our legislatures tell us what we can and what we can not do professionally. It is time a halt was called upon this paternalistic legislation being constantly enacted. It is a satisfaction to know that the sentiment against it is constantly growing, and that I no longer stand alone in my belief. Big business is being curtailed in other lines, but in educational and professional lines its influence is growing and it will not be long, unless it is curtailed until it will have the physician under as perfect control as it has the retail merchant. The conditions prevailing are responsible for the nihilism in medicine and the constant increase of drugless methods and all other cults. Destroying all opposition it offers nothing in return. I am no friend of paternalistic or bureaucratic methods, either in government or education. It engenders sloth, routine and dishonesty.

During the past year my correspondence has been very heavy. In addition to the personal appeals to our members and State officers, I have attempted to ascertain what our members are doing and, for that purpose, sent out a questionnaire as follows:

1. Name .....
2. Correct address .....
3. College and date of graduation.....
4. If practicing a specialty, what?.....
5. Are you connected with a public hospital or dispensary?.....
6. Are you a surgeon for any railroad, steam or electric, manufacturing or mining company, etc.....
7. Do you hold a public or elective office?.....
8. Are you examiner for any life insurance companies, and if so, what? .....

I have received thus far, 715 replies, and it has been a revelation to me to ascertain the success achieved by many of our school. It has forced me to the conclusion that individuality and work count for more than natural intellect or school. A man carves his own fortune.

The first three questions are, of course, the same as the number of replies. The fourth question as to specialty revealed the fact that a very large number are general practitioners. Unfortunately, our leading men or those who claim to be such and teaching specialties, are largely among those failing to reply. Some replies were unique; for instance, several said, "Specific Medication," a few, "Internal Medicine," etc. There were twelve on mental and nervous diseases; surgery, thirty-nine; eye, ear, nose and throat, twenty-eight; whilst three are optometrists. The important subject obstetrics, had only six specialists in this line, whilst gynecology claims thirty-four. (Gynecology fifteen, and women's diseases,

nineteen.) Pediatrics or diseases of children, only 11; chronic diseases, whatever that may mean, twenty-three; tuberculosis, five; cancer, six; goiter, two. Gastro-intestinal diseases, a most important and lucrative specialty, claims only six; genito-urinary diseases, eleven; drugs and alcoholics, three; electro-therapeutics, seven; radiography, two; proctology and rectal diseases, eight; anesthetics, two; osteopathy, two and one as a medical educator. So it appears that Eclectics are not much given to the practice of specialties, but choose rather to remain general practitioners or to adhere to that fast disappearing commodity, "the family physician."

I find that 129 out of the 715 are connected with public hospitals; eighty-three are surgeons for corporations and railroads; seventy-three are holding public office; sixty-one are on county, city, or State health boards; and seventeen on State boards of medical examiners. These figures, of course, include only those replying. From personal knowledge of some not replying, I could modify these somewhat, but prefer to use only replies.

It is claimed that our members are discriminated against by insurance companies. I am free to say, judging from the replies received, this is not true. I believe local conditions and local agents control these things almost entirely. Nearly every reply contained the name of one or more companies. True, many were fraternal organizations, but I find listed the name of nearly every one, if not every one, of the large companies and many I never heard of. Of the 715 replies, forty-seven named the Mutual Life; seventy-six the New York Life; thirty-eight the Equitable; twenty-seven the Metropolitan; the Prudential, fifty-two; Traveler's, eight; Pennsylvania Mutual, seventeen; Bankers', eighteen; John Hancock, ten; Northwestern, seventeen; Mutual Benefit, of New Jersey, five; Mutual Benefit, of New York, nine; Union Central, nine; and so on. I believe, from the list, it actually includes every life insurance company in the Union. Of course, many of them are practically confined to the State in which they are incorporated or located. If there is any one thing that has impressed me it has been the loose business methods or indifference of physicians as a class. It appears to me that common courtesy, if not decency, will impel one to answer a letter, especially one containing a request; yet physicians seem not to think so. It is a condition I could never understand.

In conclusion, I desire to thank you for the trust imposed in me and urge you all to greater efforts, for there is much work to be accomplished. I am one who does not believe that our work as a school is accomplished. Therapeutics is in a very unsatisfactory condition and to me it looks as though we possessed the solution of the problem, at least hundreds of physicians are looking to us for relief. Save only the Journal of the American Medical Association, all are advising a study of the vegetable or galenical materia medica. This is our opportunity. Will we make good? It is for you to answer. W. N. MUNDY, *Chairman.*

PRESIDENT: This report is referred to House of Delegates.

REPORT OF COMMITTEE ON EMBLEMATIC BUTTON.

Your special committee, appointed two years ago, procured one hundred solid gold, white enameled buttons, with plated screw backs, from a special die, at a cost of $75.00. At the Indianapolis meeting and intervals, by mail, forty-eight buttons were sold for $48.00, less an expense of $4.00 for small electros for advertising in the various Eclectic Journals, and postage to date on mail orders, leaving a present balance in the account of $44.00. Seven buttons were mailed to Eclectic Journal editors complimentary. As soon as the remaining buttons are sold, we expect to reinvest $75.00 in an additional order of a hundred and eventually this plan will produce a small profit of $25.00 per hundred for the National treasury. Dr. Mundy will have the buttons on hand at the San Francisco meeting.

J. K. SCUDDER,
W. N. MUNDY,
J. PAUL HARVILL, *Committee.*

Referred to House of Delegates.

PRESIDENT: At this time I wish to announce the following changes in committees:

Committee on Grievances.—S. W. Glenn, J. B. Conover, J. W. Ritter.

Committee on Credentials.—Henry Stoesser, W. S. Charlton, F. M. Andrus.

Committee on Finance and Auditing.—J. C. Mitchell, Henry Stoesser, J. B. Horner.

Legislation remains the same.

Committee on Necrology.—S. W. Glenn, Geo. C. Porter, J. A. Munk.

Committee on Press.—As reported (same as before).

Committee on Medical Education.—Remains as published.

Committee on Publicity.—As published.

PRESIDENT: The next question is the hours of meeting. Formerly, we have been meeting from about ten to one, adjourn for lunch, and then come back at two to five and sometimes six. We ought to consider this, and whether it would be better to have a session from ten to three.

(After some discussion it was moved that the convention meet promptly at nine and continue in session until two o'clock. Seconded and carried).

PRESIDENT: We will now take up the business session.

Moved and carried that the president's address be heard at this time. (Address printed elsewhere.)

Dr. J. A. Munk in the chair.

Address referred to the House of Delegates without debate.

Business Session.

SECTION I—PRACTICE.

DR. E. H. STEVENSON (Acting Chairman).

Paper: Bronchial Asthma, George C. Porter, Linton, Ind. Discussion by Drs. H. L. Henderson, J. B. Horner, Wm. P. Best, W. N. Mundy, Chas. Clarke, F. M. Andrus.

Section closed until 9:30 A. M., Tuesday.

TUESDAY MORNING SESSION.

Convention called to order at 9:30 by the president, Dr. T. D. Alderman.

PRESIDENT: We will now have reports from the House of Delegates.

REPORT OF COMMITTEE ON REPORT OF ORGANIZATION COMMITTEE.

"Your committee recommends the publishing of the report of the Organization Committee and the payment of the bills that have been accepted by the House of Delegates."

S. W. GLENN,
T. L. SHARP.

Moved by Dr. Atkins that the report be adopted. Seconded by Dr. Best and carried.

REPORT OF COMMITTEE ON BILL OF DR. THOMPSON.

Report by Dr. W. N. Mundy, Chairman: *To the National Eclectic Medical Association*: Your committee to whom has been referred the bill of Dr. G. W. Thompson for attendance upon the conference with the Homeopaths and the correspondence relating thereto have carefully considered the same and have come to the following conclusions:

Whereas this association has previously refused its payment, because the balance of the committee have rendered no bill for their services and furthermore, this association has made no reference to the payment for such services, either by resolution or otherwise; and, furthermore, we can find no resolution or authority recorded for the appointment of such a committee; and, futhermore, Ex-President Wilmeth in appointing said committee made no promise or report recommending such payment; we, your committee, feel that the debt is not legally due him, yet, we feel also that we, in some measure, ought recompense Dr. Thompson for his actual expenses, and that oftentimes it is better to pay a small indebtedness, even though we may not think it just, rather than to incur enmity and discord; therefore, we recommend that Dr. G. W. Thompson be reimbursed for his expenses to Chicago and return.

Respectfully submitted,
W. N. MUNDY,
J. B. HORNER,
Committee.

Report adopted.

We, your committee to whom was referred the report of the corresponding secretary and editor, recommend the adoption of the same.

J. B. HORNER,
O. C. WELBOURN,
Committee.

Report referred to the Auditing committee.

PRESIDENT: Before we begin the section work this morning we will listen to an address by Prof. John Uri Lloyd.

Address appears elsewhere.

WILLIAM P. BEST: I wish I was capable of expressing the appreciation that I think we all feel and always have felt for the kind words of our good Prof. Lloyd. I think we owe to such a man a great deal more than we can express, and I think it is little as we can do to thank Prof. Lloyd. I therefore move that we do this.

Rising vote taken; unanimous.

PROF. LLOYD: I am very much obliged to the society, and I hope I will be with you next year, when I will try to do better.

SECTION I RESUMED.

DR. E. H. STEVENSON, presiding.

Paper: Tuberculosis, H. L. Henderson, Astoria, Oregon. Discussion by Drs. E. B. Shewman, A. J. Atkins, J. P. Martin, F. M. Andrus.

Paper: Echinacea Angustifolia and Inula Helium in the Treatment of Tuberculosis, V. von Unruh, New York. Discussion: F. M. Andrus, J. U. Lloyd.

SECTION ON SURGERY.

B. ROSWELL HUBBARD, M.D., Chairman, Los Angeles, Cal.

Supra-Public Prostatectomy, E. B. Shewman, M. D., Cincinnati, Ohio. Discussion by Drs. Stevenson, Sharpe, Wheeler, Horner, Andrus, Hubbard.

Epilepsy From A Surgical Standpoint, I. A. Wheeler, Healdsburg, Cal. Discussion: Drs. Charlton and Shewman.

The Importance of Correct Surgical Diagnosis in Operative Work, B. Roswell Hubbard, Los Angeles, Cal. Discussion: Drs. Welbourn, Horner, Shewman.

Calo-Nephro-Duodenoptosis, O. C. Welbourn, Los Angeles, Cal. Discussion: Drs. Hubbard and Saxton.

Lane's Kink or Intestinal Stasis, F. M. Andrus, Lincoln, Neb. Discussion: Dr. Shewman.

Section on motion adjourned until Wednesday morning.

Wednesday Morning Session.

Convention called to order at 9:15 by the president, the first order being reports from the House of Delegates.

Report of Committee on President's Address.

To the President and Members of the National Eclectic Medical Association:

Your committee to whom was referred the president's address having carefully reviewed the thoughts and suggestions therein contained, beg leave to express our hearty approval, thanking him for the high ideals set forth and commend it to the careful consideration and approval of the National and State associations and all Eclectic physicians everywhere. It will bear reading again and again. We wish all Eclectics to assimilate its entire thought and recommendations. The importance of more thorough organization and methods of securing it from our National body down through State, county, township, city, town and hamlet, has been duly emphasized in the address and should be grasped and vigorously adopted as the slogan of every delegate and representative. Through them it should be proclaimed until all Eclectic physicians have been saturated with organic enthusiasm.

His utterances in reference to the persistent and determined effort of the American Medical Asociation to accomplish our disorganization and ultimate elimination should be heeded as a timely warning and a call to arms of every force of our school in an unbroken and unbreakable phalanx to stubbornly and effectively resist their destructive attempts to its death.

We commend to you his suggestion that education, organization and publicity are the weapons by which alone our battle of opposition is to be successfully waged and victory achieved.

Respectfully submitted,

E. H. Stevenson,
J. H. Horner,
Committee.

Moved and carried that the report be adopted.

Section on Materia Medica.

Dr. B. W. Mercer, Acting Chairman.

Pulsatilla, H. C. Smith, M.D., Glendale, Cal.

Oil of Anemopsis, J. F. Barbrick, M.D., Los Angeles, Cal. Discussion: Drs. Charlton, Webster, Coates, Smith.

Paper: Terra Incog-Natura-Akoz, H. T. Webster, M.D., Oakland, Cal. Discussion: Drs. Charlton, Smith, Coates.

SECTION ON SURGERY RESUMED.

Dr. Mercer in the chair.

Modification of the Whitehead Operation, Geo. G. Gere, M.D., San Francisco, Cal.

Paper: Cleft Palate, F. L. Wilmeth, M.D., Lincoln, Neb. Discussion: Drs. Andrus, Shewman.

SECTION ON OPHTHALMOLOGY.

Dr. Mercer in the chair.

Methods of Testing Hearing J. F. Barbrick, Los Angeles, Cal.

PRESIDENT: I want to take this opportunity to express my thanks to the ladies who have sent me these beautiful flowers. I appreciate them very much.

I understand that Dr. Baird, of Los Angeles, is here and will give us a short address.

DR. A. P. BAIRD (Los Angeles): *Mr. President, Ladies and Gentlemen, Members of the Association*: I do not know why I have been brought up here by Dr. Munk to say something about Eclecticism. I do not see why I should say anything to Eclectics about Eclectic medicine. Anyhow, I am an Eclectic, and we are all interested in Eclectic medicine.

I would like to call your attention to the fact that we are liable as Eclectics to lose sight of our materia medica in the treatment of disease and be carried away with the popular notions of using antitoxins and serums, etc. If I say anything at this present time about Eclectic medicine it will be to draw your attention to the old principles of adhering to indications. There is no question in my mind at all about the success of Eclectic medicine, providing we are acquainted with our materia medica and the indications for the various remedies. Not that I minimize for a single moment the importance of being acquainted with your pathology and all the rest that goes to make a physician skilled in the practice of medicine; but the drugs we are in the habit of using are materia medica gathered from the mountains and hillsides and valleys, and we ought to study them more carefully perhaps than we have, and adhere more particularly to the indications for these various remedies.

I intended to read a paper on diphtheria complicated by scarlet fever (but I did not get here in time), and the one thing I had in mind in connection with the treatment was lobelia, the subculoyd lobelia that Prof. Lloyd has been kind enough to put into our hands in a way that we can use it with a great deal of satisfaction. Lobelia is the greatest relaxant that I know of. It relaxes most anything, even pocketbooks. I believe the overlooking of the value of these remedies is a great mistake in the practice of medicine. Coming up, one of my friends said: "Doctor, you said you would use lobelia in all cases of diphtheria." "Yes." "Well, there is always a little trouble about the technique. It is like a man trying to get drunk on

one drink of whiskey. You can not cure every case of diphtheria with one dose of lobelia. There are times when you have to give your remedy in large doses and frequent enough to produce results. Some when they have given what they think is the prescribed dose stop. If you have an indication for lobelia or anything else, give it until you get what you are looking for. In a child three or four mouths old I have no hesitation in giving twenty minims of lobelia, subculoyd, hypodermically. I have no qualms about giving it the same quantity inside of two hours, and again in two more hours, and until I get results, and I have never had any untoward results from the use of hypodermic lobelia.

I am persuaded as we go on we will come more and more to use medicine hypodermically. I used to nearly always get local trouble, but you can use subculoyd lobelia without any fear of local inflammation. Sterilize the needle and the parts and you will have no trouble.

But I want to impress upon the society at this time the importance of our Eclectic materia medica. Study it carefully. It is a great thing to be master of one drug, it is a great thing to know a medicine as you know your best friend and know where you can lay your hand on it and know what it will do, how to use it, where to use it, when to use it and how often to use it. Study it, look at it from every angle, and the more you look at it the better you like it. It is a great thing to get thoroughly acquainted with every medicine you handle.

The first day I came here I was just short of hearing a paper on tuberculosis being treated hypodermically with a solution of salicylic acid. I was very sorry to miss it, and it impressed me that you can never know too particularly the remedy you are handling. But the physician who read the paper called attention to the fact that he did not feel free to put the remedy into the hands of men who did not know how to spell. Do you know I have seen a man shoe a horse that did not know how to spell, and he could shoe it better than I, who know how to spell. I would not for a single moment hesitate to put a remedy in the hands of a man who had graduated from a good college, because he did not know how to spell.

What I want to impress is the value of your Eclectic materia medica. You will get better results from that 99 times out of 100, than you will by trying to follow the popular idea af serums, looking with contempt on such remedies as echinacea and lobelia and all the rest of them. God help us make a thorough study of the materia medica that we all know. (Applause.)

PRESIDENT: Before we proceed to the next section, we have with us, Dr. Byron E. Miller, president of the American Institute of Homeopathy. (Applause.)

DR. MILLER: *Ladies and Gentlemen*: This is not my program, but I take pleasure in meeting with you. I anticipated having a pleasant afternoon with you yesterday, and out of my busy time I arranged for

that, but when I got here I found you had just adjourned to go out and have a good time. The president told the only way he can keep you in good humor is to have you go out to the Zone; you get ozone out there and come back feeling good. It is a good thing to keep your mind in good trim so you can discuss these things clearly and intelligently.

I have another honor I am proud of. While I have the honor to be president of the American Institute of Homeopathy, I also have the honor of being an honorary member of this society, which I prize very highly. (Applause.) I do not know how many honorary members you have taken in since my election, but at that time, Dr. Scudder told me I was the only honorary member in the United States.

As I remarked to one of the gentlemen in the ante-room, we should be together. There is no reason why there should be two separate organizations, Eclectics and Homeopaths. You may say you do not believe in all that we do, and we may say the same of you, yet, we come right together and prescribe the same. Your specifics and ours are practically the same, and while they are given in a little different way sometimes, that is all. We should be together, and I would very much like to hear the report upon your conference with the Homeopathic physicians. I hope you have a good report from that committee. We must look always to our friends for support, and our two schools are very friendly. Everywhere you go they are friendly and they work together and I believe and hope the time will come when there will be but one school composed of the two.

I realize you are behind with your program and I will not take up your time. I am very pleased to meet with you and wish you a very successful meeting, and if any of you are in Chicago during the week of the twenty-eighth, we would be glad to have you attend our meeting at the Sherman Hotel. I thank you. (Applause.)

SECTION ON OBSTETRICS.

Dr. Mercer in the chair.

Adaptation of Life to Environment J. A. Munk, M.D., Los Angeles.

Paper: Prenatal Care, Pauline M. Beuchler, M.D., Louisville, Ohio.

Paper: A Few Leaves from my Obstetrical Practice, W. E. Daniels, M.D., Madison, S. Dakota.

SECTION ON PUBLIC HEALTH AND MENTAL AND NERVOUS DISEASES.

Dr. C. M. Chandler, Chairman.

Splanchnic Neurasthenia, Its Influence on the Nervous System, A. S. Tuchler, M.D., San Francisco. Discussion: Drs. Charlton and Adlerman.

Paper: Are the Jews consumed by Insanity, Theo. D. Adlerman, M.D., New York City. Discussion: Drs. Atkins, Daniels, Andrus.

SECTION ON PATHOLOGY.

Dr. C. M. Chandler, Acting Chairman.

Surgical Pathology of the Prostate Gland, E. B. Shewman, M.D., Cincinnati, Ohio.

Paper: Orthopedic Pathology, T. C. Young, M.D., Glendale, Cal. Discussion: Dr. Shewman.

Paper: The Pathology of Arteriosclerosis, Herbert T. Cox, M.D., Los Angeles, Cal. Discussion: Drs. Tuchler, Saxton.

Section closed.

THURSDAY MORNING SESSION.

Convention called to order at 9:15 by the president.

BUSINESS SESSION.

Reports from House of Delegates.

REPORT OF COMMITTEE ON REPORT OF RECORDING SECRETARY.

Your committee to whom was referred the report of Dr. Best, recording secretary, have carefully examined the same and report as follows:

First: We recommend that an additional $100 be allowed him for a stenographer, or $200 in all, for such services.

Second: We recommend that all the officers correct their books and accounts, so that they may harmonize and at the same time incur no loss to the National.

Third: As some State societies have not the money to pay the secretary's expenses to the National meeting, we deem it unwise to compel them to do so, as it would be ruinous to them.

Fourth: To the Georgia College, moral support, good advice and best wishes should be given. As the National has never extended financial support to any of the Eclectic medical colleges, this committee respectfully urges the appointment of a strong representative committee of five members by the incoming president, with a view of carefully considering the condition of the colleges and the feasibility of extending financial support to them.

Fifth: We recommend that all teachers in Eclectic medical colleges be urged to at all times maintain fully paid membership in both their State and National societies.

Sixth: We recommend that the officers of the National Association recognize no State officer who is not in good standing in the National Association.

We recommend that the report with the above recommendations be adopted.

LEE STROUSE,
HENRY STOESSER,
Committee.

Report adopted.

DR. H. T. WEBSTER (Oakland): I notice that it is suggested that the Georgia College have some good advice. I would like to inquire who is qualified to give the advice.

DR. BEST: I would like to reply to Dr. Webster and also say a word in regard to the recommendation in my report that the State secretaries

be paid a part or all of their expenses to the National Association. That is only a recommendation. In our State we do pay a part of the expenses of our delegate, because it is a hardship to take a man from his business and send him out here on business that pertains to the welfare of the national body without paying a part of his expenses.

In regard to Dr. Webster's question—the situation in the State of Georgia has been such that your executive committee has taken upon itself the burden of offering advice and trying to help straighten out the tangle into which they have unfortunately drifted. I suppose this report puts that burden back on the executive committee, because we are the only people who have ever tried to assist these people in their work. But nothing can be done until the requests of this association have been complied with.

DR. T. D. ADLERMAN: This question is covered in my report on the Georgia corespondence, and it was decided that the executive committee take up this matter for consideration and report next year; so it is settled.

DR. BARBRICK: I would like to say something on this college question. I do not know how far the matter has been gone into by the House of Delegates, but it does seem to me that this national body should take more interest in its colleges than to offer advice and moral support alone. If they do not, their teaching institutions will survive but a very short time, and when the teaching institutions go down, I do not know where Eclecticism is going. In fact, I do not know how anything can exist unless we have some institutions of learning whereby our tenets can be given to the world. Certainly moral support and advice will not keep them going. I know the financial condition of our societies are not the best in the world, but it does seem to me the matter might have been gone into as to whether some financial help could not be given teaching institutions. I am sure if we do not do something of this kind pretty soon, Eclecticism will be gone and it will not be long until we have neither State or national bodies. The national body can not exist without memhers and where will we get our new members if not from graduates of our colleges?

DR. BEST: The National Association would gladly consider such matters, but they should be presented by resolution and referred to the House of Delegates and then back to this body for action. We have worked very hard along this line in the last year, but we are handicapped by two conditions. In the first place, we have not the means, and in the second place, when the people who manage colleges persistently do things that are wrong and fail to comply with the laws of their State, what are you going to do?

REPORT OF THE FINANCE COMMITTEE BY DR. MITCHELL.

We recommend that the following appropriations be made:

To the editor of the Quarterly	$1100.00
To Wm. P. Best, for stenographer	200.00
To National Organizer	200.00
To Wm. P. Best for salary	300.00

We also recommend that the proper officer compile a list of the annual appropriations for the use of the finance committee each year.

J. C. MITCHELL,
HENRY STOESSER,
J. B. HORNER,
Committee.

Moved and carried that the report be adopted.

REPORT OF AUDITING COMMITTEE.

We, the auditing committee, have audited the books of the treasurer and found the following:

Balance on hand June 1, 1914	$1706.44
Rebate on Quarterly	91.08
Received from dues	2135.00
Error on Voucher 264	.05
Total	$4008.32
Disbursements	$2224.25
Balance June 1, 1915	$1784.07

We found a discrepancy of $3.75 between the report of the treasurer and the receipts shown by his book and have charged the same to him.

We found an error of 5 cents had been made in drawing Voucher 264 and the same has been paid to the treasurer by Dr. Best. We recommend that the money be deposited so as to draw interest for the benefit of the association.

J. C. MITCHELL, Chairman,
HENRY STOESSER,
J. B. HORNER,
Committee.

We the Auditing Committee, have audited the accounts of the QUARTERLY editor from June, 1914, to June, 1915, and found the

Receipts	$1494.40
Disbursements	1402.58
Balance	$ 91.82

which amount will be turned over to the treasurer.

J. C. MITCHELL, Chairman,
HENRY STOESSER,
J. B. HORNER,
Committee.

Moved and carried that the reports be adopted.

The following resolution was presented by Dr. W. E. Daniels, and, in accordance with the constitution, laid over until next year for action:

"Whereas there is seemingly a difference of opinion regarding the right of a State society to give its proxy to a member of the National Association who is not a resident of said State.

"Whereas the National Society wishing to avoid any misunderstanding and to avoid giving undue power to any one person; therefore, be it resolved, that on and after the adoption of these resolutions, that no person shall be a delegate or hold a proxy from any State unless he is a *bona fide* resident of said State."

Respectfully submitted,

Madison, S. D. W. E. Daniels.

Section on Gynecology and Orificial Surgery.

Dr. O. C. Welbourn, Chairman.

Paper: The Operative Technique of Perineorrhaphy, Ada Scott Morton, M.D., San Francisco, Cal. Discussed by Drs. Andrus, Coates, Burnett.

Paper: Pulsatilla in Inefficient Labor, Herbert T. Webster, M.D., Oakland, Cal. Discussed by Drs. H. C. Smith, C. M. Chandler, E. G. Sharp.

The Cause and Treatment of Pelvic Peritonitis, B. Roswell Hubbard, M.D., Los Angeles. Discussed by Dr. H. T. Webster.

Paper: Cervical Stenosis or Painful Menstruation, its Electrical Treatment, A. S. Tuchler, M.D., San Francisco, Cal. Discussed by Dr. E. G. Sharp.

Paper: Prophylaxis in Gynecology, Ella M. Caryl, M.D., Los Angeles, Cal. Discussion: Drs. H. T. Webster, Stoesser, Tuchler, Johnson, Roath, Brown.

Business Session.

Report of the House of Delegates read by Dr. Andrus.

House was called to order by Dr. Shewman, the first matter being a resolution offered by Dr. Daniels, which was laid upon the table for one year.

Next was election of officers, which resulted as follows:

President.—T. D. Adlerman, N. Y.

First Vice-President.—B. W. Mercer, Tiffin, Ohio.

Second Vice-President.—F. M. Andrus, Lincoln, Neb.

Third Vice-President.—A. J. Atkins, San Francisco, Cal.

Recording Secretary.—Wm. P. Best, Indianapolis, Ind.

Corresponding Secretary.—W. N. Mundy, Forest, Ohio.

Treasurer.—E. G. Sharp, Guthrie, Okla.

Place of meeting for 1916, Cedar Point, Ohio.

Moved and carried that the report be adopted.

Installation of Officers.

Drs. J. B. Matthews and B. Roswell Hubbard were appointed to escort the newly-elected officers to the platform, where they were duly installed.

Dr. T. D. Adlerman: *Ladies and Gentlemen, Fellow Eclectics:* I do

not think I would be human if I did not appreciate the honor you have extended to me for the second time. I would not be human if I was not flattered. I am very much gratified by the re-election, because it shows that most of the members of the association must approve of the work of your executive committee during the last year, and while I would like to keep on talking for an hour or two I will only make you a promise. I personally think that the work done by the officers during the last year was pretty good and I will promise that it will be better this year you may rest assured of that. Next year when we turn over the association to you it will be on a good solid foundation. (Applause.)

DR. B. W. MERCER: You are coming near to my home town for the meeting next year, only about thirty-five miles from Cedar Point to where I live. I extend a hearty invitation from the State society, and can assure you we have good accommodations at the Point. While some may fear the water trip, it is not necesary to go by water unless you choose, for we have a fine road from Sandusky around the Point and you can go that way. On behalf of the society and acting as first vice president, I will do my best to assist the officers in the work this year. I thank you for the honor. (Applause.)

DR. F. M. ANDRUS: I think it is unnecessary for me to make an address at this time. However, I have one. It is 3259 Holdridge Street, Lincoln, Neb. (Applause.)

DR. E. G. SHARP: It is supposed that an association would get tired of its officers and change them occasionally. This body has not seen fit to do that for the last eight or nine years, so far as the treasurer is concerned. I was elected treasurer in Los Angeles and have served ever since. I have never been a candidate and never will. I certainly appreciate the compliment, because I consider it a compliment. I feel I have the confidence of this body and that is worth more to me than all the laurels. I shall certainly try to continue in the future, as in the past, to serve you loyally and faithfully until you see fit to elect someone else and give me a vacation.

DR. W. N. MUNDY: I do not know as I have anything to say. I appreciate the confidence you have reposed in me, but I was very loath to accept the position when I understood the corresponding secretary was the editor of the QUARTERLY. I have endeavored to make it as readable as possible. If it is not readable, I do not know whether I am to blame or you are to blame. Unfortunately, until the present president came into office I was responsible for all the editorials. Whether you people believe what I write or not concerns me not; I give you my honest beliefs. I have been said to be a pessimist, and I have also been called a cynic. I have not lost confidence in my fellow man but I oftentimes become pessimistic. There is work for us to do, and plenty of it, and one man or two men, or a coterie of men can not do the work that lies before the Eclectic school of medicine. I believe that our work is not finished by any means,

and I believe, too, that there is as much uncertainty in therapeutics in the old school to-day as when I first studied Eclecticism thirty-three years ago. I have been in official position in our State Society for a quarter of a century, and expect I will be until I die. I extend to you a cordial welcome to meet with the Buckeye people next year. We will make your stay pleasant. We have not a land of sunshine and flowers like California, but we will give you a bath in Lake Erie, almost in sight of the famous victory of Perry, and we invite you to come to Ohio next year and bring your friends with you. I extend to you a hearty Buckeye welcome.

Dr. A. J. Atkins: I thank you, gentlemen and ladies, for the great honor you have bestowed upon me, and I tell you frankly that I am delighted with my job because there is no work connected with it. That is the kind of a job I want. We are very glad you came here this year, and hope you will come again some time.

The Credential Committee report favorably upon the following:

Alaska.—W. C. Fox, Eagle.

Arkansas.—A. W. Jernigan, Tuckerman; R. L. White, Earle; J. W. Yancy, Ward.

California.—Elmer C. Bond, Healdsburg; Theodore Bordsen, Los Angeles; Ella Mansfield Caryl, Los Angeles; John M. Cleaver, Los Angeles; Harvey W. Crook, Los Angeles; Edward C. Galsgie, Los Angeles; George H. Greenwell, Santa Cruz; W. H. Henderson, Sacramento; J. M. Hicks, Mariposa; D. G. Johnson, Hollywood; K. S. Seeburger, Los Angeles; C. L. Stammers, Selma; W. W. Steakley, Hugo; Samuel M. Wilson, Los Angeles.

Colorado.—Harry K. Pratt, Denver.

Connecticut.—Chas. Kelly, Pleasantville; Stanley Tommasello, Greenwich, R. L. White, New Canaan.

Florida.—George H. Granan, Bagdad; Thomas S. McCoy, Parish.

Georgia.—C. B. Whitfield, Woodstock; E. L. Daniels, Kirkwood.

Illinois.—E. V. McDonald, Chicago.

Indiana.—Emerson Carter, Bringhurst; M. Hammond, Moreland; J. D. McCabe, Buck Creek.

Iowa.—J. M. McDonald, Creston; A. L. Peacock, Grimes; C. O. Seamon, Des Moines; C. L. Wright, Des Moines.

Kansas.—H. L. Hays, Kansas City; Pasquelle Romeo, Kansas City; Henry Wimmer, Atwood.

Kentucky.—August Helmbold, Newport; W. E. Nichols, Fullerton.

Louisiana.—F. F. Jones, Leesville.

Minnesota.—W. Hambroer, Eden Valley.

Missouri.—Asa Edgar Fielda, Kansas City; Knox R. Lancaster, Kansas City; Samuel McCubbin, Kansas City; C. M. Stewart, Kansas City; V. P. Vohs, Kansas City.

Nebraska.—W. A. Burke, Omaha; F. L. Doher, Hubbell; J. W. Gill,

Chambers; H. H. Humphrey, Daykin; Harriet Kurtz, Lincoln; C. W. Kidder, Holstein; R. Nichols, Omaha; Ernest Pfeiffer, Ruskin; G. H. Wagner, Doniphan; F. F. Wright, Cresco.

New Jersey.—Wm. Bachman, Newark; Archangelo Liva, Lynhurst; C. J. Massinger, Butler; Samuel Messinger, Jersey City; J. J. Mohrbacher, Newark; Martin Niemirow, Passaic; David L. Russell, Newark.

New York.—R. H. Ash, Canastota; C. S. Best, Middleburg; J. P. Booth, Olean; Darwin C. Carey, Rochester; Francis F. Cohen, New York; Martin W. Dawley, Richland Springs; Leland H. Fifield, Syracuse; E. Gamble, Waverly; L. B. Gardiner, Geneva; John E. Haggerty, New York; Ira F. Hawley, Canandaigua; M. H. Potts, Elmira; George C. Price, Fairport; E. C. Smith, Rochester; Ira D. Spencer, Croghan.

Ohio.—F. H. Adams, Akron; J. T. Brodnac, Portsmouth; W. H. Carey, Van Buren; Louise Eastman, Cincinnati; E. H. Herrington, Akron; W. E. Hinklin, Marion; V. E. Hutchins, New Antioch; A. E. King, Mt. Cory; B. H. Nellans, Cincinnati; Otto W. Schwartz, Cincinnati; Wm. Seitz, Portsmouth; R. W. Simmons, Carthage; Jennie S. Tarrant, Cincinnati; V. P. Urbain, Hamilton; J. W. Witten, Lucasville.

Oklahoma.—U. N. Mallette, Holdenville.

Oregon.—E. D. McKenny, Union.

Pennsylvania.—A. M. Uphouse, Hooversville.

Tennessee.—H. T. King, Humboldt.

Texas.—W. E. Bridge, Bonham; S. J. Bronson, Fort Worth; J. S. Cooper, Dallas; J. M. Howard, Bagwell; J. M. Jones, Dallas; Carl Schultz, Corpus Christi.

Utah.—C. L. Olsen, Murray.

Washington.—C. P. Getzlaff, College Place.

Wisconsin.—H. R. Blay, Rewey.

HENRY STOESSER,
F. M. ANDRUS,
W. A. CHARLTON,
Committee.

On motion, the report was adopted.

Moved by Dr. Andrus that the association extend a vote of thanks to the Eclectic physicians of California for their courtesy in entertaining the members and for the use of this building as a meeting place. Seconded and carried.

Moved by Dr. E. G. Sharp that a vote of thanks be extended to the local press for the notices they have given of the various meetings. Seconded and carried.

SECTION ON PEDIATRICS.

DR. W. N. MUNDY, *Chairman.*

The Handicapped Baby, H. V. Brown, M.D., Los Angeles, Cal. Discussed by Drs. H. T. Webster, Caryl and Mundy.

SECTION ON GENITO-URINARY DISEASES.

DR. MUNDY, *Acting Chairman.*

Spermatorrhea, Dr. J. C. Mitchell, Louisville, Ky. Discussion by Drs. Webster and Burnett.

PRESIDENT: This finishes the session of the National Eclectic Medical Association for 1915. I hope that you will all make a special effort to come next year to Cedar Point, Ohio. The indications point to a great meeting. Bring your friends with you. (Applause.)

Final adjournment.

PRESIDENT'S ADDRESS.

THEODORE DAVIS ADLERMAN, A.B., M.D., BROOKLYN, N. Y.

Fellow-Members of the National Eclectic Medical Association, Ladies and Gentlemen:

I bid you welcome to this, our forty-fifth annual convention. I desire to express to you my appreciation and thanks, not because you have honored me by electing me as president of this most important Eclectic body, an honor which was entirely unsought, but because you have given me an opportunity to work for the glorious cause of Eclecticism, and thus contribute my mite to the uplifting of humanity, for there can be no doubt whatever, and any impartial student of medical history must admit, that Eclecticism has placed humanity in its debt. So once more, and as the immortal Hamlet once said, "Beggar that I am, I am poor, even in thanks, but I thank you."

The history of Eclecticism from the earliest dawn to the present day has been one long, incessant struggle against medical slavery and medical bigotry. To-day, with some of the things accomplished and brought to an issue, our mission is far from being ended, for the problems confronting us now are even more perplexing than ever before. Who can deny that even to-day the people are struggling in the relentless and merciless clutches of the dominant medical school with its everlasting change of theories, ideas, idiocies—theories, some of which spring up like mushrooms over night, to die and be forgotten the following morning, and its nauseating serums and toxins all perpetrated upon suffering humanity, which loudly cries to us for help. Compare this with the sound rational dogma of specific medication, and then dare to tell me that we have accomplished our mission and that there is not plenty of work ahead of us.

THE NATIONAL AND ITS NEED.

The bulwark of Eclecticism in this country are the Eclectic colleges; the bulwark of the Eclectic colleges are the different Eclectic State societies, and the National Eclectic Medical Association. Means therefore must be found to strengthen and increase the activity of both. The

success of the National and the different State Eclectic societies depends upon the caliber of the men selected and elected as officers of these different associations, and the utmost care should be exercised in all State Eclectic societies and in the National in electing these men. Those of us who worked for the success of the National this year, have found, to our sorrow, how quickly inefficient officers in any society will render the success of Eclecticism impossible and produce an apathy among the rank and file of Eclectics, hard to overcome. More than one State society which has gone on the rocks may thank an inefficient secretary, or an inefficient president, for its sorry fate and plight.

Any officer whether in State or National, accepting an office should do so, only if fit, and with a determination to work, and should not be satisfied with merely filling the office. Eclecticism can not afford to have incompetent servants; the cause demands the very best from those willing to work at its altar. Organization, successful organization, upon which depends our future, our success, can not be trusted to any man, because he happens to be the occupant of a certain office. Past experience with different State societies proved the fallacy of depending upon such men for organization or results. In my estimation, it is time for all Eclectics of this country to awake to the fact that their lack of organization and supineness is leading them to a point where their entire existence will be regulated by the dominant school. It is, therefore, my opinion that organization work among the Eclectics in this country to be successful, will have to be taken out of the hands of the different State societies and concentrated in the hands of the National. Otherwise, I do not think we will ever secure the great body of Eclectic physicians as members of this National Association. The inefficiency of State officers is so exasperating, that it renders good work impossible. The National officer is often hindered from performing his duties and task. During the last year, your president was compelled to write about 4,200 letters and performed in many cases the work which should have been done by different State officers, this work was not done by them, but some one had to attend to this work to prevent the National Association from suffering (I can not say that I received 4,200 answers to my letters).

I would recommend that the National president be given the power to appoint one man (subject to approval of the executive board), in each of the following States: New York, Ohio, California, Georgia, Illinois, Missouri, or in any other State which has paid the National not less than $125.00 in yearly dues, and that each of these National representatives in the States mentioned, or selected by the Executive Committee, be allowed $50.00, providing they agree to spend not less than four days in actual traveling under the directions of the National, in territories selected and assigned them by the National, with the object of obtaining new members, as well as reinstating old ones. Last year, in New York State, spending

four days on the road and with an expenditure of $48.00, I was able to secure for the State and National societies, twenty new members. What can be done in one State in four days by one man, can be accomplished in other States in the same number of days by another man. Details of this plan I am willing to submit to the House of Delegates, if they will give me an opportunity to appear before them. There is no other way. This new plan need not interfere with the local activity of any State society, or any State official, as the service of each Eclectic who enlists in the cause is badly needed everywhere.

You must remember that organization is the keynote of success in every walk of life. Religion is organized, charity is organized, social work is organized, law is organized, labor is strongly organized and receives attention and gets its demands on the strength of organization. Organization, fellow Eclectics, is the keynote to your final success; on organization depends your future. Success will crown your efforts if we succeed in uniting all Eclectics into one compact body; ruin will stare you in the face if we fail.

I desire to take this opportunity to call your attention to the increased activity of the American Medical Association among Eclectics. The American Medical Association is strongly inimical to Eclecticism and its institutions. Inducements are offered to our men to join the old school societies, promises are made, many of which are never fulfilled and any means used to get our men away from the Eclectic cause into the the allopathic ranks. This I found to be especially so in communities where the Eclectic practitioners are few, and where they are isolated and away from Eclectic societies. I strongly condemn and have no use or respect for any Eclectic, who joins the county, State or national allopathic societies, claiming at the same time that he is an Eclectic. You can not serve two gods, you are either an Eclectic or you are not. If you believe in the teachings and principles of Eclecticism, stick to your own; if, for some reason, however, the teachings of the old school appeal to you, resign from our ranks, and the sooner you join the Allopaths, the better for all concerned. But who, with any manhood in him, will forsake the pure banner of Eclecticism?

You can readily see the importance of my recommendation, that the National make arrangements with every Eclectic college, that a list of the yearly graduates of all Eclectic colleges be furnished each year to the national secretaries, so that we may follow those young men up and secure their membership for the Eclectic State and National societies.

Medical Legislation.

Medical legislation in all States has become an important matter for physicians. Freak bills, some unconstitutional, others ridiculous, are constantly introduced and the legislatures therefore require careful watching. I would recommend that the National Legislative Committee be composed

of two men from each State, and that special care be taken in selecting these men, first seeing if they are fit for this work, and second that they reside either in or near the respective meeting places of the different legislatures. This committee is to be appointed by the president subject to his consulting the National secretaries.

Our efforts should not be limited to the legislatures, we must not overlook the great foundations. I view the Carnegie, Rockefeller and Cleveland foundations with more than suspicion and distrust, and with a great deal of worry, as they are a menace to our democratic institutions, and we must concentrate all our efforts towards nullifying these bodies, and compel the United States Government to take them over for the usefulness to all the people. We should not allow such autocracies, as they constitute an ever-growing, ever-increasing menace to our liberty, and to our system of medicine. Let us not forget that it is only a very short step from some autocratic control of vast fortunes to a tyrannical control of the government itself.

Medical Education.

This association, as well as Eclecticism in general, has always stood for the very best in medicine; it has always been identified with the most progressive in medicine, where it leads to the very best in the healing art. It stood and always will stand for the higher education of the physician, a higher education pertaining to his medical work, with a liberal preliminary training, but we do claim and insist that it is entirely unnecessary, narrow and, in many cases, foolish for a man or woman to know the fourth dimension, that it is unnecessary to know Sanscrit, or Hindustani dialects, nor is it necessary to know the seventh book of Buddha, or the Thirty-sixth Chapter of Confucius, in order to make a good physician. We are therefore opposed to the unnecessary, narrow limitations and restrictions, which are placed by some of the medical boards in the path of many young men contemplating the study of medicine. By no means will we stand for measures which limit the study of medicine to the rich alone. We stand, and always will stand for a better education of all schools of medicine, in specific diagnosis, in specific therapeutics; we stand for a better knowledge by all medical schools of the materia medica, and to use the words of Dr. Solis Cohen, we claim that the wise physician is he who makes use of all possible means by which he can aid the struggle for health, by which he can influence for good, the functions of the body, by which he can antagonize the material and mental generators of disease. And he is the unwise physician who restricts his views, or limits his armamentarium. We sneer at no information, and reject none, whether it is offered by the pharmacologist in the laboratory, or by the clinician at the bedside, as both are scientific and accurate within their limits. We very strongly condemn therapeutic ignorance as now rampant in certain circles of the medical profession.

Publicity.

In the past we have been entirely too modest, too conservative, by not taking the people in our confidence, not telling them what we can do in curing diseases by our methods, where other schools fail. We must drop these methods. The public should know more of our means and methods. We must show the people the beauty of our teachings, the superiority and rationality of Eclectic treatment. We should, therefore, use publicity in every possible way and manner; we must use the press, both lay and medical; we must talk, speak, wherever we can to boost Eclecticism.

State Societies.

With the exception of two or three States, all State societies are in good condition, and the other ones only need the proper man to bring them into proper shape. While it shall be the duty and aim of the National to help the development of all State societies, the National at the same time should have the right to mix in at certain periods when it is so deemed necessary by the executive board. The National should have the right to collect its dues from members of any State society, providing six months have elapsed, the member having made no payments neither to his State nor to the National, in which case the National should try to collect both State and National dues. The reclaiming of the delinquent members in the different State societies by the National, is not only an important matter, but is a duty the National owes to itself and to the cause in general. Means should be provided by the executive committee for sending a National officer into any State society when it is so deemed necessary in the opinion of the executive board and the expenses of such an officer should be paid by the National. Such instances have arisen in the past when it was necessary for some National officer to go to certain societies. Owing to lack of said provision the National officer could not do it.

Eclectic Colleges.

Every member of this society should give all possible help to our Eclectic colleges. Upon the colleges depends the future of Eclecticism in this great country. Upon the colleges depends the growth of this association. We must all be loyal to the Eclectic colleges. I have no use for any one shouting Eclecticism at the top of his voice, who, at the same time, sends his son or brother, to an allopathic school. If every member of this society will constitute himself a committee of one to drum students for our colleges, and, at the same time, will preach openly to the public, that it is to the interest of the people to have Eclectic treatment, the future of our colleges and of Eclecticism is assured. Will you do it?

I am in favor of this association assuming the offensive whenever possible and whenever necessary to protect our colleges, to protect the rights and privileges of our schools. If necessary, the National should carry the matter to the highest court in the land, if the existence of an

Eclectic school is threatened by unreasonable demands made upon it through the machinations of the medical octopus. Had this plan been followed, there is no question, in my mind, a leading State which is now without an Eclectic institution would still have an Eclectic school.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY.

The QUARTERLY carries Eclecticism into the lives of thousands of Eclectics, who reside in small cities, where, without Eclectic societies, without Eclectic colleges, they may forget the teachings of the Eclectic fathers. The welfare of the QUARTERLY is intimately connected with the National Eclectic Medical Association, so much so, that each would be hampered and crippled without the other, and neither could exist and attain the necessary growth. Both are enlisted in the same cause, in the welfare of Eclecticism. The National QUARTERLY, gentlemen, is yours, as is this association, and the future of both is in your hands.

Fellow Eclectics, I thank you for the attention you have accorded me while making these remarks, and I will now ask you to join me in making this convention interesting and instructive, of benefit to all of us and to humanity in general.

ADDRESS.

JOHN URI LLOYD, PHAR.M., CINCINNATI, OHIO.

Mr. President, Members of the Society, Ladies and Gentlemen:

I find my name on the program for an address. I do not know just why I am permitted to speak to you, unless it is by reason of the fact that I am old enough to talk to most of the members in this room as one who would speak perhaps for the last time, for when a man comes towards seventy (sixty-six), it may be the last time, and I say to you young people that the time will come when you will comprehend that and feel as I feel now—you can not avoid it. Our young friend, Dr. Mundy, said yesterday to me, "Professor, I almost feel now when I go to a society meeting as though I am getting into the older class." You move into it, you become a part of it, and you look back and reflect over opportunities lost in times gone by, mistakes made in times gone by, and hope always comes when we reflect over these lost opportunities and these mistakes made—hope always comes that those who follow us will not make the same mistakes and will have greater opportunities.

I am sure when I take this for my text to-day—for I have no text other than what comes—somewhat like the wind. Whence does the wind come, and where does it go? So it is with thought, whence does thought come and where does it go? Let me tell you that, in my opinion, thought comes through the experiences of the past, which is the text I stand upon, and giving thought an opportunity to wander, where does it go? It goes where the words are spoken and the lines that are written in connection with the

thought, makes the impression on those who listen and those who read. When we come to a point like I am now, the question is, What will be the effect on those who are here? So what I propose to say to-day, and I will make it brief as possible and as direct as possible, is along this line.

We are members of the Eclectic school of medicine, and we should not forget that fact; and we should not forget in thinking of that that the Eclectic school had a mission to perform and that it is still, as the address of our president called to our attention, it is still a living thing, and that those who are to follow still have a mission to perform, and I think added opportunities will come to them by reason of the work that we have done, on the foundation on which they will stand, by the efforts we have made and the sacrifices we have made in behalf of the work that they are to do. Look ahead, look ahead! Longfellow said, "In thy journey look not backward." Let me say that it is standing on that which is backward now which gave us an opportunity to look forward, and we who are passing out comprehend fully the opportunity that you have who are coming in. Listen! Forty years ago, fifty years ago, fifty-two years ago, I first came into touch with the Eclectic school of medicine. They were held up to me as being irregular. Irregular in what, I ask you? Irregular in what? I watched this as I came into contact with the different schools of medicine. As I came into contact with Dr. John King, and later, with Dr. Scudder, and later still, with Dr. Locke, and then with Daniel Vaughn, the eminent scientist of Cincinnati, a leader in our school, when I remember James R. Buchanan, the eminent thinker who is being followed by those who think they are in the first rank to-day of thinking in this line, as I call one after the other of these old Eclectics to mind and think what they have done, I ask the question, Irregular in what? I will tell you. Irregular in that they were willing to sacrifice for the benefit of humanity. They were thus irregular. (Applause.) Irregular because of the fact that they were willing to go into a minority school of medicine where they would have liberty to think outside of the beaten path where the road was laid down. Irregular in that they sacrificed personal opportunities that came and always come to those who are in the majority, sacrificing that in behalf of principle. One of the thoughts, and I think you will excuse me for saying this, one of the thoughts that I fight and one of the thoughts that I try to keep myself from falling into constantly, is that of separating the individual from the cause, is that of endeavoring not to judge the work of a man by the personality of the man, endeavoring to overlook the wrongs of the individual whom I know has certain wrongs, in behalf of the greater good the individual accomplishes in behalf of the cause. In other words, separating the individual from the cause. That is where so many of us fall down. If a man is in a position where he is doing a work and we see something about that man we do not admire, we are apt to forget the work he is doing and make conspicuous the fault, forgetting that the faults we have come to that man and he forgets the work we are doing and looks

upon the faults. Overlook the idiosyncrasies of humanity as you go along, and remember that the weaknesses of humanity are common alike to each.

And so when some man picks out for you a fault of some man who belonged to the early Eclectic school of medicine, but who did his work well in those days in behalf of the cause, when he finds some little thing and forgets all that the man has accomplished by reason of the fact that the microscope shows up this little fault, do you remember what the man has accomplished?

I have never known a man that I could learn to hate, because it seems that the man I might want to hate had done so much good that on thinking, the hatred disappears and dissolves as snow before a summer sun. (Applause.) There is no such thing as human hatred if you will think that all alike are serving the best they can in this world, where we are all a part of the humanity of it all. I have sometimes been in a position where I had a rocky road to travel in pharmacy. No one knows what I have had to go through in pharmacy and in medicine as well—a rocky road—and sometimes I have been pestered almost to distraction, and when that time came and the individuality of the person who was antagonistic has risen up, do you know how I softened myself? Listen! I will tell you the scene that comes to me then, and after I put myself in that position, there is no longer antagonism. I think of the day when one or the other of us will lie still. That picture comes—and I have done this many, many years—that man dead before me, and I say to myself, "What will you say about that man now? What will you think of that man now?" Put yourself in that place and then do not say anything about him when he is living that you would not say about him were he dead. Can you hate a dead man? No. Then, my friends, when these little things come before us that concern the individuality of the man as we go along in this work, let us forget them in behalf of the great cause in which we are engaged.

The opportunities of the future for the Eclectic that is to come overshadow the opportunities of those who have, up to this time, been in our school. Do you think I say this without reason? I want to say to you that if the Eclectic school of medicine should, as a people, come to that conclusion, the Eclectic school of medicine will lose the opportunity given to it by the fathers of Eclecticism. Wanderers are these other sects—may I impress that—wanderers are these other sects. The Eclectic school of medicine is not sectarian. That has been thrown at me from the time I began the work with Robert Bratton and E. E. Stevens, at Miami College—that you have gone into a sectarian work. But I have thrown it back with arguments that have never been refuted, "No, I left the sect because I would not be circumscribed by rules and laws laid down by a few men, and went into a school of medicine that is not sectarian." (Applause.) I can not understand how my friends in the other school of medicine will not teach the members of the other schools of medicine that the Eclectic school is the only non-sectarian school in medicine, the only one

that is not restricted and is not compelled, by the records of the past and the methods of the present, to follow a line of teaching outside of which they dare not go without being irregular. (Applause.) You may be able to explain it. I have not as yet, but yet I make no complaint; none whatever. Why? As I have just told you, we must not look at individual faults. We are in the minority, and, of course, the majority say the minority are sectarian. It is natural that those in a great party should speak of the minority as being a sectarian part of the work in which we are all concerned.

Now, what is the duty of the Eclectic of the future? How many times have I seen the official medication of the sectarian majority come and go, and with the disappearance of each of the regular methods and regular lines of medication, I have said to myself, "When the next fad will come in, this, too, shall pass away—this, too, shall pass away—as it always has done." Can you call to mind the successive coming in and going out of that which is regular in medicine? I repeat that when I came into pharmacy there was no regularity—and I say this with all kindness and with the best motives—the medication was a system as they believed, a scientific system, and look you, the word "scientific" has always capped the system of their medication. The word "scientific" has been held before the people as though it were something that belonged to one school of medicine, and that term scientific has been held before them in contradistinction to the word "empiricism," which they attempted to throw as a slur on other schools of medicine, and, if there is any school of medicine that is empirical at the present time, absolutely empirical, trusting to experimentations not on the human body, but on animals, noting that which comes from experimentations they make on animals, it is the regular school—the majority.

Now what were the circumstances fifty years ago when I came into pharmacy? 'I filled prescriptions for all schools of medicine. See these two fingers? I imagine myself reaching a thumb and finger into a jar of blue mass, one-third mercury, and taking out some little pellets and rolling them between my fingers and dropping them on the scale pan, balanced on the other side by a ten-grain weight, and I was so expert that it was seldom that the pills had to be taken up again to be reweighed. That was the custom—ten grains of blue mass on going to bed; two compound cathartic pills in the morning or an ounce of castor oil—for the beginning of nearly every case that came to the druggist. The first step in regular medication. Then came the tartar emetic plaster. I would give any amount of money for the old plaster iron I used to spread blister plasters, and when the doctor could give me the position that plaster was to occupy, behind the ear, three inches by two, or wherever it might be, I could cut it to fit the part. And then the croton oil that was used. It was the custom to be regular in that way. It was a bad habit, and they have gotten themselves out of it and it is gone. Then they came through

the quinine period—everything was quinine—and if a man did not seem to need quinine, the doctor would take a microscope to find it. But they have left all this, and I can remember when Dr. John Scudder commenced to give calomel in one-tenth grain doses. How they laughed at him! He said it was better than the larger amount, and now the authority, as I understand, is one-tenth of a grain of calomel every half hour. But each of these left a sliver of something useful and, in my opinion, the present fad—I will not mention it—will leave something useful. In my opinion, the getting together of this great mass of money to be used for the purpose of establishing these fads will but hasten the day when these fads will be wiped out by a people that will rise up as we of the olden time rose up to crush the fads that I have brought before you. Give mercury to salivation! Did you ever see a person salivated? Show me the doctor that bleeds to-day; show me a doctor that used a plaster iron to spread the blister plaster. They are all gone. And yet I will not say that, sometimes, these methods may be useful.

The work of the Eclectic is to be a teacher; the work of the Eclectic has been that of a teacher. Can you comprehend it? A teacher against regularity? The work of the school has been that of offering something kind to take the place of something cruel, to use nature's remedies, to study nature, to be true to the cause in which we are engaged, and in the work of the coming school, you must tread that line, unless the whole cause of medicine becomes Eclectic. Can you comprehend it? Take a barrel of sweet water, put into it one grain of yeast. It is lost, you think it is gone. But wait; begins the agitation, begins the turmoil, the confusion, continuous changes are taking place in that entire barrel of sweet water and within a time, it all is in a turmoil, until finally it becomes quiet again. So the seeds we are planting put into this great vat of American medicine are making themselves felt; the seeds are taking root. You have them ask you questions now, and increasingly as this present fad sweeps over this country, functioned by immense quantities of money, increasingly you will find these questions asked. I am in a position to comprehend, my young friends, that more than ever, the physicians are being liberated from the sectarianism that has prevailed in the times gone by.

In this cause you have a great opporunity for education, and I hope, my friends, that you will not forget that education and schooling are very different. A man may have much schooling and very little useful education. A boy may be put into a school and go through high schools and universities and come back and not be able to help a single human being, not be able to make his own living. So when you see this great amount of money spent in the name of education, put in the place of the word "schooling." I would rather have a doctor treat one of my family who had been educated in the study of disease and medicine, than a doctor who has been raised to the skies and the study of astronomy. (Applause.) It matters little to me whether he spells socks "sox" or not, or whether he compre-

hends what a pair of socks may be; it does not matter. Some people think that the education of a young man depends upon the schooling he has in an artificial direction. I can think of one man in Ohio to-day, who can spell but little better than I can, and I can not spell at all. If you would ask me to spell welcome, I would not know whether it has two "l's" or one, and if some university student wants to criticize me because of that, I say, "I can put a good many things that you can not reach where they should be." And so it is as we go through life. Remember, education comes from all directions. The world is a great university; there has never been completed a greater thing than the world. I have met many men talented in these other educational lines, but I have never listened to one who could teach me, who could help me as I need help, better than this physician in the little town, in Ohio.

Then let us each feel that we have a part to fill, a work to do, and the great cause of Eclecticism is to continue in the study of the preparation of plants. I have largely excluded all else from my line of work. I have come to comprehend that all life action comes from vegetation, which I could not comprehend without the knowledge that was given to me by these men of the olden times. Whatever is in life, comes from the plant; whatever acts on life beneficially, comes from the plant. And now listen—you believed me when I taught you years ago and used a blackboard—let me tell you that all life structures that I know of, that all life foods that I know of, are colloidal, and colloidal chemistry is the chemistry in which we stop studying the molecules and study the action of structure on structure. We are walking colloids ourselves, every tissue of the body is colloidal, every food that we take is colloidal, and behind it all rests water —water, the material that, in the time to come, will be studied by the chemists and pathologists as the great source of functional activity in human plant being.

Mr. President, I thank you for this opportunity to make this wandering address. Many of the sentences I have used I could dwell on for hours, but the points I have mentioned have been cut because we have not the time. But I hope you will remmber that you have a work to do. Remember, do not criticize the other man if you have not done anything yourself. Do not criticize the man who has done much because he has made some mistake in your opinion. Think kindly of the other man, try to find, wherever you go, an opportunity to say something pleasant, to find something good in whatever locality you may be—and you will find it. I have traveled the world over and I have never found a place that there was not something to learn, something good to say, and I have never come into contact with a human being I could hate, because the faults that I might stir myself to believe about that man, if I would allow myself to dwell upon them, disappear.

I will close with this, "Unto him that hath shall be given." Cut out the money side of this, forget what the preachers tell you—if you think good

thoughts—unto you that hath shall be given. If you have had thoughts, unto you shall be given. If you do wrong, other wrong comes, and if you do good, greater good comes. "Unto him that hath shall be given." Try to think good will to all, peace on earth, good will to men. (Applause.)

OH, THE SHAME OF IT!

W. E. Kinnett, M.D., Peoria, Ill.

The Eclectic school of medicine is not a side show to the apparently large performance of the dominant school in medicine. It is a live, distinct and productive section in the great field of medicinal endeavor and possesses features distinctly its own. Therefore, it is well to note that there are things about it which are "peculiarly Eclectic." For often our own followers lose track of the fact that we have something distinctive and something that gives us the right to a distinct, separate position as a school of medicine. You may send your student to a literary university and he may acquire a good grounding in biology and the common sciences. You may send him to any school of medicine—Regular, Homeopathic or Eclectic—which makes any pretense to teaching, and have him well-taught in the facts of anatomy and the principles of physiology. In either the literary or the medical college he can be well-trained in physics and chemistry, but only in a medical college with clinical facilities can he acquire the necessary instruction in medical practice and therapy. If he wants regular medicine he should not come to an Eclectic or Homeopathic college. If he wants Homeopathy he should steer clear of the other extremes —Eclecticism and regular medicine. Obviously if he is to acquire Eclectic practice, Eclectic materia medica and therapeutics, he must go to an Eclectic college of medicine.

"This fact is often lost to view; and convenience and financial considerations influence the prospective student to acquire patch-quilt education in medicine—a little from this college and a little from that one—and when he 'finishes' he has done nothing well and emerges as from a dream into the realm where so many land—uncertainty in medicine. Even though financially pinched, it is far better to make a strenuous effort to attend the right college, however great the cost or distance. It will be casting bread upon the waters and after many days it will return to him in skill, reputation and money. If the time ever comes, post-graduate instruction in any college of his selection will then be profitable and worth while. But let us repeat. If you want that which is peculiar to Eclectic medicine, go to one Eclectic college for a full course from start to finish, but do not attend several colleges of all sorts of persuasions and hope to acquire a knowledge of Eclectic medicine by finishing the last term in an Eclectic college."

The above is an editorial in the *Eclectic Medical Journal*. It is so

pointed that I have thought of it nearly every day since I first read it, and I have re-read it several times.

At one time I had a student, who was a well educated young man and he told me that he did not propose to be tied down to Eclecticism, but was going to know all there was in all schools. After practicing with success for a couple of years, he became restless, and, like many, thought it "better further on." He began vacillating hither and yon. Finally, he moved to another town and purchased the practice of a very successful Homeopath, and from that time on he was a full-fledged Homeopath and Eclecticism was not "in it." He knew nothing of the principles or practice of Homeopathy, as he had no specific training in that school of practice, but said there was not much difference in the schools He soon failed in his efforts to be a Homeopath and moved from the place, and took a short course in refraction and located in another town and started with the announcement that he specialized in diseases of the eye, ear, nose and throat, and with no special training in this except the short course in refraction; he soon failed again, and thus his whole professional life was a failure.

There are many such in our ranks to-day. They are like the "wandering politicians." The last one who sees them gets their vote. Many of our men are crazed over being an officer in some society and especially of a medical college. If they can only get to be a "professor" in a medical college they are as near heaven, perhaps, as they ever will be. It makes no difference what college it is, of what school it is, just so they are professor. They would sell out their own medical societies and their affiliation with the Eclectic school for a mess of pottage, yes, sell their passport to heaven (if they had one), if they could only be connected with some medical college. Well, what is in a name anyway. I never knew of any one who wanted an office, unless it was for self-aggrandizement and not for the good of those whom he is to serve or the cause.

Some years ago at one of our State meetings, it was proposed that we change the name of our society to "The Illinois State Therapeutic Society," and drop the word "Eclectic," and there were hundreds standing "just outside the gate" ready and anxious to come in, but they could not until that dreaded word was eliminated, and we should "fling wide the gates," and were informed, by our own members, that if we would not do that, they would organize a State Therapeutic society and would meet in the same place and at the same time and kill our society. All this by our own members, and not outsiders. You know well the result. The much talked of society was organized with over a hundred members, so I was told, and perhaps three-fourths of our members present that year joined the new society, they were nearly scared out of their shoes for fear of the "slaughter of the innocent." They were to have one thousand members within a year, and behold, the poor child "died in the bornin."

Is it not strange that so many of our members desire to change their names? They should have been women. It makes no difference what new

name they adopt, whether it is the Illinois State Therapeutic Society, or The Association of American Medicine, The Chicago Society of Medicine and Surgery, any "old thing," just to get rid of the despised word "Eclectic." O, Lord, anybody or anything, so we get rid of that word. "Oh, the shame of it."

Is it not also strange that there are so many soreheads in the profession? So many "political doctors" always scheming for advertisement? Many are not in any medical society and perchance, if they are or have been, they have lapsed or have been dropped for "cause." Whatever that cause may be, and some of the disgrunted ones get together, like so many anarchists and conspire to kill their parent societies, if possible, and organize a new one that will open wide the doors to all other malcontents who either do not or can not belong to the societies of their own schools, or want some office or some other kind of advertisement, or the "crowning" glory of a professorship in some mongrel college composed of the riff-raff of all schools. "O, the shame of it."

Many of you remember Prof. Locke's story of the piggy and puppy. Perhaps there are many here who never heard Dr. Locke tell this story, and to further illustrate my point, I will give the story in substance. One time an Englishman decided to present a pig to a friend of his who lived some distance away, so he told his servant to take the pig and put it into a bag and carry it over to the friend. The servant proceeded to obey his master. On the way he had occasion to pass a road-house and left the bag and piggy outside while he went inside to get a drink. Some wags thought to play a joke on the servant, so they removed the piggy from the bag and put in a puppy of about the same size. When the servant came out he picked up the bag and proceeded on his way. When he arrived at his destination he told the man that his master had sent him a very fine pig as a present, whereupon he opened the bag and poured out the puppy, and with great astonishment and profuse apology he stated that, "that was a piggy when I started and now it is a puppy." He placed the puppy back into the bag and started for home, but on his return trip, he stopped at the same roadhouse to get another drink, and while he was inside the same wags took the puppy out and replaced the piggy and the servant proceeded on his journey. When he arrived home he narrated to his master this unusual phenomenon, and opened up the bag to prove to his master the truth of his statement, and poured out its contents, and there was the same piggy that he started with. In profound astonishment he stated: "Whin I started over there this was a piggy and when I got there it was a puppy, and whin I started home it was a puppy and now it is a piggy. I wish you would either be piggy or puppy all the time." That is the way with some of our Eclectics they are piggy one place and puppy the other. "Be we men and suffer such dishonor?" "O, the shame of it."

There are so many of our men who seem to be ashamed of their mother. Often we find young men outside of the profession that are ashamed

of *their* mothers. I have never seen the time that I was ashamed of Eclecticism, always ready to give a reason for the faith within me, even in the presence of large numbers of the dominant school, who were calling us all kinds of names of an uncomplimentary character. I can not understand why it is that Eclectics, who owe all their success to the principles and practice of Eclecticism want to drop the name and connect themselves with Allopathy who as a school are confessedly weak in the practice of medicine and freely admit that we are superior to them in therapeutics. And pray, what is the practice of medicine if it is not the administration of medicines to cure the sick? Most of us prescribe medicines a thousand times where we perform even minor operations in a surgical way, unless we pose exclusively as surgeons.

Therefore—

"When freedom from her mountain heights
Unfurled her standard to the air,
She tore the azure robes of night
And set the stars of glory there."

And let us as Eclectics plant our banner so deep that no one can roll it up, and to such mountain heights that it can not be torn down, and then, when having done all, to stand for Eclecticism.

LARYNGEAL DIPHTHERIA.

Ida F. Kittredge, M.D., St. Louis, Mo.

This is an acute infectious disease caused by the Klebs-Loeffler bacillus. This disease is highly contagious, as this particular germ is very virile, and may live in a throat for months after a case has been pronounced well. It is usually contracted by direct contact, but may be contracted by instruments, hands, clothing, etc. Young children are much more susceptible than older ones, and succumb more readily to the disease, hence, the necessity of strict prophylaxis.

Predisposing Causes.—Chronic catarrhal inflammations, adenoids, enlarged tonsils, cavities of carious teeth, will harbor bacilli, before and after an attack, and I have found whooping cough a predisposing cause for laryngeal diphtheria.

Pathology:—Epithelial cells of the mucous membrane are attacked, also heart muscles, lymph glands, nervous system, kidneys, liver and spleen. Fortunately, the diphtheria bacillus is not apt to invade deeply the subjacent structures, but is found in great number on the surface of the affected mucous membrane, and false membrane. Unfortunately, the diphtheritic toxins are very diffusible, readily entering the blood and lymphatic circulation, and through these channels the poison is conveyed through the entire system.

Symptoms:—In laryngeal diphtheria we do not have the clinical features

found in diphtheria of the upper air passages above the larynx. The first signs of laryngeal invasion is hoarseness, croupy cough, and slight dyspnea. These symptoms steadily increase until laryngeal stenosis is present. We also have a rise of temperature, with quick rapid pulse, according to the severity of the case.

Treatment:—If there is any place in the practice of medicine where we have an indication for acids and iron, it is here. Echinacea is our sheet anchor for all septic conditions. Phytolacca is certainly indicated where you want an active glandular system. Aconite for the feeble, rapid pulse. Locally I like peroxide and listerine, one-half of each, dropping the peroxide as soon as the false membrane has disappeared. Antitoxin is used *early*, in good *full* doses. Use it while the lesion is practically local. If you wait until you have mixed infection, you need not hope for excellent results from antitoxin.

Intubation is an important means of relief—steaming with lime under a tent is an excellent aid. Brown iodide of lime, given early, persistently and frequently, has aided me in saving lives.

DISCUSSION.

DR. ROSA GATES: I just want to add a word, and that is that we want to use a large dose of antitoxin. There is nothing equals it for diphtheria or croup.

DR. MUNDY: What do you call a full dose of antitoxin in the beginning?

DR. GATES: According to the age, never less than 4,000 units. Give a large dose and give it early, if you want to do any good.

DR. MUNDY: There seems to be considerable diversity of opinion upon the initial dose of antitoxin. So far as my personal experience goes, I am not such a strong advocate of antitoxin as some physicians. It might be that my first experiences were due to the idiosyncrasies of the patient, but they were not very happy. I practiced medicine before we had antitoxin, and had considerable experience with diphtheria with all its complications. In the last two years I have gone through an epidemic of diphtheria, with antitoxin, and have compared my results with former epidemics when I did not have antitoxin. Of course, I can only speak from memory, but they will be published in the transactions of the Ohio State Society. I also compared the results in the Willard Parker Hospital, in which many thousands of cases were treated, and I find that my figures, although a limited number of cases compared with the thousands in the Willard Parker Hospital, that my percentage is very close to that of the hospital. Physicians tell me that since the day of antitoxin, they lose no cases of laryngeal diphtheria. I think that is a mistake. My initial dose in a case of laryngeal diphtheria is 5,000, never less, usually 10,000, repeated in from six to eight hours if I see no improvement in the patient. My experience has been that I have never seen the membrane disappear in the few hours as many physicians claim with antitoxin. I have seen systemic changes, I have seen the pulse sink, the skin become moist, and respiration easier, but I have not seen that shedding off of the false membrane that so many men talk about.

When I use antitoxin I use other means also. You are not confined to the use of antitoxin. No disease gives me so many hours of restless sleep

as laryngeal diphtheria, and I believe, too, that a false impression has been given the laity regarding the use of antitoxin that is having an unpleasant effect, because they hide the mild cases of diphtheria, which are the dangerous ones in the spreading of the disease.

THE SANE CONDUCT OF NORMAL LABOR.

Charles J. Hemminger, M.D., Rockwood, Pa.

This article considers only normal labors. It may seem rather strange that such a paper should be read at a National meeting, but statistics prove that 95 per cent. of labors are normal; therefore, it is just as important in the normal cases what not to do and what to do as it is necessary to know how to treat the abnormal conditions.

At the outset I wish to state I believe that a great deal, possibly 60 per cent. of the prolapsus and displacements of the uterus as well as lacerations of the cervix and perineum, are the result of meddlesome midwifery. I am not alone in this observation, as many of the eminent authorities are constantly proclaiming, ascertain the conditions, and, if normal, give nature the right of way and all will be well for mother and child.

The prime essentials in obstetrics are clean hands, a knowledge of the various positions and presentations; pelvic anatomy and comprehension of the mechanism and stages of labor.

The accoucheur responds to the call of the pregnant woman, it is presumed that the practitioner is engaged previous, but this is ofttimes unfortunately in country practice not the fact; at any rate, enjoy the confidence of the patient and her friends by responding to the call promptly. Cleanse the hands by scrubbing them with good soap and hot water; be sure and change the water at least two times, and then bathe in 90 per cent. alcohol, followed by bathing the hands and arms in 1:1000 bichloride solution. You are now ready to put on the sterile rubber glove, and, by the way, several cases of puerperal sepsis that have reached the courts lately have been decided against the physician on the sole fact that sterile gloves were not used; therefore, it behooves the physician to use rubber gloves to avoid losing out in the event that he should be so unfortunate as to appear as a defendant in a sepsis case before a jury. The physician who will say in this enlightened age that sterile gloves are not needed in obstetric work, will have an up-hill pull to win his case, because the precedents and medical and surgical opinion will be against him. Besides protecting yourself and the patient from sepsis, the practitioner protects himself; for we all know of cases where physicians and surgeons have contracted syphilis and blood poison by doing obstetric work without sterile rubber gloves; of course, I know it is urged that the sense of touch is interfered with, but practice soon removes this objection and the conditions are diagnosed as readily with gloves as without. The close-fitting, well-cared-for sterile glove is indispensable to the conscientious up-to-date obstetrician.

Be sure you carry no infection into the vagina. The physician visits from place to place, and comes in contact with many virulent germs, such as syphilis, erysipelas, etc., and it is incumbent upon the practitioner to not place any barriers in the way of recovery. The pregnant woman is apparently immune to low grade bacteria.

On examination with the gloved hand, thoroughly determine whether the patient is in labor or not; also determine the presentation and advancement. The majority of the cases need but one examination.

I hear some one suggest you have not given the antepartum douche, since most vagina are inhabited with virulent bacteria. Theoretically, douching is correct, but practical experience proves otherwise. The manipulating and scrubbing of the vagina invites the infections that we seek to avoid by displacing and destroying the protective mucus and protecting epithelia. Statistics prove beyond a doubt that antepartum douches increase the mortality. The labia should be wiped with an antiseptic solution, such as 1 : 1000 bichloride solution, or a 2 per cent. lysol solution. Arrange the patient on the back; cover the limbs with a sheet, and, in passing the finger, be sure not to touch the anus, as many times very active bacteria inhabit the region around the anus, and, if the examining finger touches, the bacteria are carried into the vagina. In order to prevent touching the rectal region it is necessary to expose the patient to vision, so that the examining finger will only touch the cleansed labia before entrance into the vagina is made.

After examination the patient will likely inquire is everything right; to which you reply in the affirmative, because encouragement is a great anchor in these trials, and if there is an abnormal condition, apprise near relatives and refrain from informing the mother until the last moment; and then use tact and judgment in answer to the inquiry, why things are so slow. Be reserved and exceedingly tactful. Do not commit yourself to a specific hour, but predicate your reply by saying it all depends on the number and severity of the pains, for nothing is more discouraging to the patient than having the physician predicting one hour after another without result.

After the examination and the assurance to the patient, the province of the physician is watchful waiting. Of course, I am speaking of the normal condition. If the examination discloses an abnormal condition, determine the treatment and bring artificial aid as soon as convenient.

In the normal case from now on it is the duty of the physician to observe the efforts of nature and not to interfere until nature has proven herself unequal to the task. If the pains are irregular and do not have the bearing-down effect, and only harass and worry the patient, give a hypodermic of 1/8 to 1/4 grain of morphine. The patient will rest and when the pains return they will be more forceful and rhythmic and labor will progress very favorable.

Anesthetics are demanded by some patients. I do not believe that they should be used very much. I will admit that a few nervous cases should

have ether to the obstetric degree in the latter part of the second stage; but I am satisfied that hemorrhages and insufficient contractions are more frequent when the anesthetic is used.

The manipulations to prevent rupturing of the perineum are many, and, not unlike many other conditions in medicine and surgery where so many different methods are recommended, none are efficient, and in this case practically all the efforts do more harm than good. It is truthfully stated by our modern obstetricians, that 80 per cent. of the ruptured perineums are the result of the hasty use of quinine, ergot, pituitrin, etc., causing heavy and continuous pain, and resulting in lacerations; shortening the time that the practitioner spends with his patient, but disastrous to the patient and makes many patients for the gynecologist, and ofttimes leaves invalids that are landmarks along the way of the over-hasty practitioner.

After the delivery of the child and the tying of the cord, do not hurry the delivery of the placenta, for the reason that the forcible delivery of the placenta by traction many times leave shreds in the uterus which become a nidus for infection and even cause trouble by disintegrating, causing septic absorption and many times hemorrhage. Forty to sixty minutes should elapse from the time the child is born and the placenta delivered. The placenta by nature's method separates from the walls of the uterus gradually, and if the physician is patient he will discover that many of his supposed adherent cases and so-called hour-glass contraction cases are the result of the over-anxious physician, and if he turns about face and observes the results he will be agreeably surprised at the facility with which the uterus brings the placenta from the uterus. Nature does this by a ballooning method. The blood accumulates between the placenta and the walls of the uterus; usually three to four ounces of blood are used by nature to accomplish this, and the placenta with all the shreds come away in fine shape and patient has an uneventful recovery.

It is accepted practice to give one ounce of ergot after the delivery of the placenta to aid in the contractions of the uterus. If ergot is given too early it has the undesirable effect to contract the uterus on the placenta, and in this way cause trouble.

When the uterus is properly contracted, have the bed cleaned up and permit no visitors. Have the patient arise for the acts of urination and defecation, as in this way, self-drainage of the vagina takes place. Keep the patient in bed for eight or ten days. Be sure to advise the use of the breast pump, for it is unnecessary to have inflammation of the breasts with this age, when we have the use of the very successful pumps on the market. Advise a mild cathartic every forty-eight hours, if needed, and the normal case will progress satisfactorily and the patient, physician and friends will be pleased.

A PERISCOPE ON SOME DIFFICULT FRACTURES—THE HIP, SHOULDERS, RADIUS AND PATELLA.

E. Younkin, M.D., Villa Ridge, Mo.

1. The Hip.—It is not infrequent the case that a fracture of the neck of the femur is mistaken for a dislocation, and if the inexperienced young surgeon should not have at his mental command the differential diagnostic landmarks, he might very easily make a mistake. It is not wise to jump at a hasty conclusion drawn from the general physiognomy of the case as seen at first sight.

I was called a hundred miles into the country to see a man of fifty years of age, a brakeman, weighing over two hundred pounds, who, upon coming down the side of a box car, while backing into a switch, was bumped against another car, and received an injury of the hip. Five physicians were summoned, among which were surgeons of the railroad who, after examination, agreed that the subject was one of dislocation of the hip-joint, whereupon they subjected the patient to frequent attempts at reduction, but utterly failed to correct the deformity. Now here were this number of physicians, and men, too, of professional standing, who made a mistake in diagnosis, which shows how liable we may be to commit an error in diagnosis in injuries of this character.

The limb was certainly deformed enough to be dislocated. My diagnosis of fracture of the neck of the femur was very easily made, and, if my decision had been deficient in positive proof, I would certainly have been overwhelmed by the majority vote.

This case in particular has induced me to pen an article on some salient points in a few fractures, thinking that others might profit thereby.

In the above case, my analysis of the different elements of the deformity did not correspond with those seen in dislocation. In the first place, as he was lying on the bed, there was eversion of the foot, the trochanter was shortened an inch or upwards. I said to my colleagues: Gentlemen, there is no dislocation that presents such a sign. The dislocations which causes shortening are those on the dorsum of the ilium, either directly on the dorsum, or the tendon below—in the ischiatic notch. In either of these, there are degrees of shortening, but the foot is *inverted*. But now I take hold of the foot and very readily move it to most any position. I can invert it. If this was a dislocation the rigid immobility would prevent this, unless the muscles are greatly lacerated.

There are two ordinary dislocations that present eversion of the foot. First, the pubic; but this is so rare and so apparent that we put it at once out of the question. The next is the downward dislocation, and in this there is lengthening of the leg. We now go a step farther; I take hold of the trochanter, which is somewhat prominent, and rotating, I find it does not describe as large a circle as the normal side. This shows a

shortening of the neck. The pivotal point must be at the point of fracture, instead of at the head of the bone.

In fracture of the neck of the femur the shortening of the leg may be little or great, depending upon the force of the blow, or little at first, and, if manipulated much, the shortening may increase. To ascertain the existence of shortening without localizing it, measure from the anterior superior spinous process to the tip of the inner malleolus; but some people's legs are not equal normally, hence this is not a sure criterion. I have also seen attempts to determine degrees of shortening by simply bringing the feet together; but no one of experience will resort to this method.

Let us now draw what is called Nelaton's line. This is a line drawn from the anterior superior spinous process of the ilium to the tuber ischii. On the normal side we find the trochanter major on, or immediately below, this line. On the affected limb the trochanter has risen above this line, one inch. Now, with this shortening and eversion of the foot and preternatural mobility, it must be a fracture and that, too, in the neck of the femur. If the femur was broken in the shaft, of course the trochanter would be symmetrical. There is another line, known as Bryant's, which is very convenient. The patient may be laid upon a flat mattress or table, and you draw a line vertically from the anterior superior spine, then a horizontal line from the trochanter to meet the first at right angles. The difference between the normal and injured sides gives the amount of shortening of the broken neck. We have now confirmed and localized our case.

Eversion of the foot is caused by the external rotator muscles, being more powerful than the internal; hence, when we have eversion with shortening you may anticipate fracture in ninety-nine cases in a hundred. Even when the leg is broken below the knee the leg is apt to rotate outward.

But some one will say that crepitus is a positive diagnostic sign, why not seek that evidence? In many cases crepitus can not be elicited, and, not finding it, often causes an error in diagnosis. This was the case in the one here given. In fracture of the neck of the femur we ought not seek it, as we are apt to produce torture to the patient and damage the surrounding tissues. Crepitus was accidentally felt in the above case after the bones were adjusted, or partly fixed with the necessary appliance. In some cases the fragments have so departed from each other that they do not meet each other, hence, no crepitus; or they may be so impacted that we are not justifiable in drawing the fragments apart, and no attempt should be made in such cases to separate them.

In the treatment of this injury, I prefer to put the limb at rest, first at least in the straight position. I am satisfied that better results follow—the fragments can be better secured in the straight position. If there is no impaction, there may be two inches of shortening to overcome by extension and even if the age of the patient, the general condition of health, and nature of the fracture forbids the prospect of osseous union, the

shorter the ligamentous union the better. Our hope of bony union lies always in close adjustment. If impacted, no forcible extension is necessary and our hope in old age lies in impaction without separation of fragments.

There are at least three principles to be instituted and faithfully carried out in treating a fracture of the neck of the femur. First, the proper adjustment; second, the fixation; third, extension and counter extension. Every physician who undertakes a case of this kind should have the necessary knowledge and appliances at his command to secure the best results possible. I have my own set of splints, which is satisfactory to me; but have not the time here to exhibit and explain to you their mechanism. Suffice it to say if fixation and extension are carried out without impediment to any part any appliance that secures the adjustment and does not interfere with the circulation and makes the proper extension, will do. In my experience the splint to accomplish these ends must start from the axilla and reach to below the foot, well fixed to the body and leg. Where rope and pulley are applied to the foot for extension it usually requires four or five pounds weight. A brick weighs about four and a half pounds. One is enough for impaction. One to three for an overlapping. A block of wood is secured for a stirrup. It should be wide enough to prevent the extending bands from coming in close contact with the malleoli so as to prevent excoriation, and a hole is bored in its center through which a cord is passed and knotted within. This block is placed in the middle of an adhesive strip, long enough to reach up on each side of the leg, as high as the knee, not any further. The block should not touch the sole of the foot. Three transverse strips can now be placed around the leg and over the extending strip. One just below the knee; one about the middle of the calf; and the third, above the malleoli. These are now covered with the bandage and made secure. The cord is passed over the pulley at the foot of the bed, and so placed as to make the extension and proper axial rotation. Lateral support may be secured by sand bags, one from the axilla to the foot, the other from the groin to the foot. If the foot is inclined to too much eversion, this may be overcome by a bandage around the foot and fastened to the inner sand bag. A wad of cotton, or some soft pad should be placed under the tendo achillis to keep the heel from pressing upon the bed. This is the so-called Buck extension and is recommended by Prof. Ashhurst and many others. It is a simple dressing and easily applied. It does not give that freedom of motion of the body that my appliance allows; but it can be more readily secured.

Now, an aged patient suffering with fractured hip (intra-capsular) must have great care to avoid bed sores. Must be turned in bed while the limb is kept extended. In the old person, six weeks, and perhaps longer; but nothing is gained by keeping him in bed until the patient becomes exhausted and worn out. In eight or ten weeks the extension apparatus is removed, and the patient is allowed to move the limb in bed. In a week or ten days more he may sit up in a chair and then go about on crutches.

If all goes well he may walk in eight or ten weeks. If we find our patient beginnng to fail sooner, in general health, appetite gone, or diarrhea, which sometimes occurs in the aged, abandon all local treatment and turn attention to the restoration of the general health.

2. Fracture of the Neck of the Scapula.—The question between dislocation of the shoulder joint and fracture will sometimes come up. Usually it is an easy matter to make the correct diagnosis, but there are occasional rare accidents that seem confusing to those even that are well learned and somewhat experienced, as what I have here to relate will show.

When delivering clinical instruction to students at the city hospital, St. Louis, I happened in upon a lecture preceding my own, being delivered by a very clever and distinguished gentleman—a professor of surgery in another college. He had before his class a clinic who had received a blow upon the shoulder, and, upon examination, his diagnosis was downward dislocation of the humerus. There was certainly depression under the acromion process and elongation of the arm. The arm hung limp by the side and the hand could be placed upon the opposite shoulder. These two latter symptoms seemed to me very peculiar for a dislocation, but I was only a visitor and had no business to interfere; hence, I only sat up and took notice.

The patient was placed under an anesthetic, and vigorous efforts were made at adjustment, or rather, the adjustment was easily made, but the bones would not remain, whereupon the surgeon contended that he could reduce the dislocation very readily, but the head of the bone would not remain. Now, the history of the accident did not show any severe laceration of muscle or ligaments, and this to me was unaccountable.

My hour for lecture having arrived, I prevailed on the internes to give for my clinic the same case, and upon examination, without an anesthetic, in addition to the above symptoms, I found I could very easily get the symmetry of the shoulder by pushing up the arm, but letting go, it would assume the deformity. The ordinary movements gave me no crepitation. Now, I remembered that really there is but one way to get crepitation of a fracture of the neck of the scapula, and that is to be able to grasp both fragments with one hand and rotate the humerus with the other. This is readily done by placing the palm of the hand on the spine of the scapula, and with the points of the fingers of the same over the shoulder, resting on the coracoid process, then with the other hand grasp the humerus, push up and rotate. This done and crepitus was distinct. The students were allowed to make the test for themselves. Thus you can see how liable even a surgeon of some experience can make a mistake. The fractures that are so seldom seen are, of course, more liable to be overlooked. As to the treatment of such cases, my hearers can refer to the books. I am after mistakes, more particularly. I am here reminded of an incident that occurred with Dr. A. G. Gerster, a professor of surgery in the New York Polyclinic, when a young man just out of college, had enlisted in the army

and was engaged as an army surgeon. A captain of a regiment was riding a vicious horse, and he was thrown from the animal, striking his shoulder against a post. There were some symptoms of dislocation of the shoulder joint; but it was easily reduced, then would return to its deformity. The elbow would drop one and a third inches below the opposite arm, and in the axilla the head of the bone could be felt. The older surgeons pronounced it a dislocation downward. Dr. Gerster saw the case and said it was a fracture of the neck of the scapula. The doctors of the hospital laughed at the diagnosis. The idea of a young sprout just springing into the profession to make such a decision was not to be tolerated. The case was referred to Billroth, who chloroformed the patient and confirmed Gerster's decision. So the laugh sometimes comes from the other side.

I will relate briefly another case. Mrs. M., aged fifty-seven, being a victim of intoxicants, in one of her sprees fell out of bed, striking her shoulder, and produced a fracture of the neck of the scapula. She was carried to the city dispensary and thence to the hospital, and treated for a dislocation of the humerus. She escaped from the hospital, and, I suppose was neglectful of her treatment, whatever that may be. In three weeks after the accident occurred she came into our free college clinic with a much crippled shoulder, great depression under the acromion, and elongation of the arm. The arm held to the side. From the deformity and history she gave of the symptoms of her case, at the time of the accident, I concluded that there must be some other condition from that of a dislocation. The woman was placed upon the table and chloroformed, the fragments grasped as we have described; the arm was pushed up and rotated; the adhesions broken up very readily, and crepitation was distinct. The class enjoyed the satisfaction of the evidence. The arm was brought up to its place and secured with a gypsum dressing. Now, let me suggest a few points where doubt exists as to whether the case is one of fracture or a dislocation. Should it turn out to be other than your diagnosis it will always lead to disaster. Ordinarily, no anesthetic is needed in diagnosing or treating a fracture or dislocation; but where doubt exists and satisfaction can not be had without torture, and a thorough examination, use an anesthetic. If the patient objects, give up the case. Avoid violence—brute force is not science. Every physician should have a knowledge of the manipulatory methods. An anesthetic to hide these defects in a surgeon looks badly. A sprain and a fracture, as a rule, carry one line of treatment, and a mistake, one for the other, is not likely to produce harm; but where parts are swollen and the landmarks obliterated, use an anesthetic.

Fracture of the Lower End of the Radius.—The older writers systematized fractures of the lower end of the radius into Colles' fracture, which occurs from three-fourths to one inch and a half above the joint; Barton's fracture which communicates with the joint, and Smith's fracture which occurs from two to two and a half inches above the joint. But for practical purposes these may all be considered as one. These fractures are

almost always produced by a fall, striking upon the palm of the hand, while the person puts out the hand to catch his weight. A fall in this way misplaces the fragments, the lower one backwards and the upper fragment forward upon the palmar surface, producing the so-called table-fork fracture. Sometimes the fall is received on the back of the hand, while the hand is flexed. Then the deformity is reversed. The head of the ulna is often torn from its moorings, which tends to complicate the injury.

The results of treatment in these cases are often far from satisfactory, and many are largely due to the mistakes in methods of treatment. Many physicians or surgeons seem content when they adjust the fragments and keep them there until union takes place. But this is far from the proper thing to do. The bones may be set, the projections corrected and the fragments united, but the fingers are stiff and the hand is rendered useless, perhaps during life. Often a synovitis of the carpus is present, and muscles and tendons are adherent. I have known suits for damages, made upon corporations, when, in fact, the doctor should have been the blame. Now let me tell you that no splint should confine the fingers. The best plan is to secure a splint for the palmar surface that will reach to the roots of the fingers only. This allows the free movement of the fingers at the will of the patient, and can do no harm to the fragments. This keeps the tendons gliding through the field of union and whatever inflammation that might happen.

The splint should also be slightly wider than the wrist, so that the bandage, if drawn tightly, will admit lateral circulation. It is wrong under any circumstances to ligate the circulation. The splint should be padded with cotton, enough only to be easy on projections and to fill the natural depressions. A stiff board on the palmar surface leading from the elbow to the fingers is usually splint enough, though sometimes a dorsal splint may be used with advantage. This may be of bookbinder's board, made wet to mould to the shape of the arm. The bones are set in place. An assistant may take hold of the hand as to take a shake, another at the elbow, and, while extension and counter-extension is made, the surgeon presses the bones homeward. This done, the splints are applied and secured by either a common roller bandage, a starch or gypsum, as desired.

A pistol-shaped splint is preferred by some. The hand should be turned away from the radial styloid to take away pressure and produce slight extension on the fragment, but I secure the hand in this position with the bandage and do not find it necessary to shape the splint in this way. Now, when placed in a sling, it is advisable to hold the arm in a supine position, though it is not absolutely necessary, where the fracture is close to the wrist, and unless you have a right-angle splint to hold the elbow the patient will assume his own position at will. I say here it is not absolutely necessary, but if you have a fracture higher up, especially between the insertion of the pronator radii teres and the insertion of the biceps, if you do not hold the arm supine you will have axial deformity.

The patient will be unable to pronate and supinate the hand. So the necessity of this position increases as we pass from the wrist to the elbow.

One other error often committed in fractures of the bones of the forearm is in the use of plaster-of-paris bandage without a splint, or splints beneath. The bones will surely be drawn together. If the splints are flat and a little wider than the arm, the plaster bandage may be usful. A flat splint presses the muscles enough to push the bones their normal distance apart, and a little wider than the arm prevents bandages from pressing the fragments inward and admits the lateral circulation. That roller bandage, you have heard of it before. In the hands of the unexperienced it is a curse to humanity. It is sometimes necessary to use it, but for the most part it can be dispensed with.

Permit me now to call your attention to the treatment of fracture of the patella. There are two methods of treating fractures of the patella: One is by apparatus, the other is operation by suture. The object of both is to obtain perfect apposition of the fragments and retain them until union takes place. You are all aware how the most skillful appliances have proven defective and unsatisfactory. The very great difficulty is in getting perfect contact of fragments or to hold them in place. The liability of torn shreds of tissue and of blood clots intervening, then only a ligamentous union, long or short. Were it not for these unfortunate results by apparatus there would be no necessity of considering the operative procedure by the wire suture. To open up the knee joint, the largest and most complicated synovial capsule in the human body, a few years ago, meant death by suppuration and inflammation. Now it is done with comparative impunity.

Uniting the fragments of a fractured patella by wire suture was first performed by the bold and intrepid Sir Joseph Lister, in the year 1883. The operation was a success, with osseous union, in time of cure much less than the ligamentous union that most always is the result by apparatus. But the operation was looked upon by the profession as an audacious procedure, to prove the doctrine of antiseptics. Lister was not immediately carried around on a chip like Friedmann and his turtle. Professional opinion still, to some extent, retains the belief that wiring the patella is a daring and dangerous undertaking. But there is a gradual accumulation of evidence as to its merits.

The objections to the operation mainly have been two-fold: First, it is alleged that the operation is attended with too much danger from the suppurative processes. Second, that as good results can be obtained by the simple apparatus without incurring the risk of suppuration. Now, if these objections can be substantiated, it would certainly settle the question to abandon the operation of the wiring. They have both been answered by the advancement of surgical practice and by the results of both. Many operations are recorded where success has obtained; operations without a death and without suppuration, and with bony union of the

fragments. At Bellevue Hospital alone, up to 1891, over one hundred cases were operated upon without a record of death, and but a very few with suppuration. Since that time I have no record of the cases at this hospital. Out of twenty cases of Professor Steven Smith there was but one case that had suppuration; he recovered with a stiff knee. Professor Dennis, of New York, has tabulated 186 cases of metallic suture; only seventy-five are classified as good, thirty-five fair, and twenty-four poor. These failures were attributed to want of antiseptic precautions.

The liability of suppuration is certainly a grave objection and should certainly have due weight with any surgeon who should venture to wire a broken patella. If he can not have due command of the means of a perfect antiseptic technique, he should not attempt the operation. Neither should he go at it half-hearted and carelessly. Such an one is sure to leave a hole for the invasion of the microbe, but with thorough asepsis it has been proven that suppuration is a rare occurrence. If this objection can be overcome, all the other advantages are in favor of wiring by suture. Perfect apposition of the fragments is secured and bone union the result. Blood clots and lacerated tissue is taken out of the way which otherwise complicate the healing. The period of recovery is much less than by apparatus. Hamilton gives six months, at least, by apparatus and motion likely to be impaired during life. Ward, of London, operated on two cases and treated one with the apparatus. The two operated on by wire resumed work in thirteen weeks and could kneel in five and six weeks. On his apparatus case it took twenty-seven weeks to resume work, and he was only able to kneel in nine months. Dr. Phelps, who has had a large experience in wiring, states that laboring men upon whom he has operated, resumed work in six weeks, one in two months, and others three months, while those treated by apparatus were either in bed or on crutches. From these facts we are forced to the conclusion that suturing is preferable to the method of apparatus were it not for the possibility of suppuration. The whole question, therefore, turns upon the preventing of suppuration, and it is the opinion of the majority of surgeons of the present day that suppuration is preventable.

How, then, can this be done? Lister, the author of the antiseptic doctrine, and the first in this operation, says: *"No man is justified in performing such an operation unless he can say, with a clear conscience, that he considers himself morally certain of avoiding the entrance of any septic mischief into the wound."* Let every surgeon, therefore, place himself under this severe test before he undertakes the operation, and that which has been done is possible to be done again. If Lister has done this, and many others since his day, I can do the same.

The technique of the operation is very simple. Commence with the patient twenty-four hours before the time of operation. See that the bowels are properly moved. Shave the hairs from the leg and cleanse the limb with soap and warm water, using a brush, first wetting with

ether to dissolve the oily particles. Now wrap the entire leg with dry towels made aseptic with bichloride solution, leaving it thus until the time of operation. Give attention to self and to all surrounding details, so as to have as thoroughly an aseptic field as possible, and as our Lord once said, "Now ye are clean through the Word which I have spoken unto you." I wonder if in that day they did not have aseptic doctors that contended they could be surgically clean without antiseptics, for he said in the next word, "Ye are clean, but not all." At the time of operation you observe the sulcus between the fragments, and make the first incision transversely in the center of the sulcus, extending down on either side to the prominence of the condyles. This incision opens up the joint and exposes the blood clots and lacerated tissues, which are apt to be present in the torn capsule. Now you may irrigate thoroughly with the bichloride solution 1 : 5,000, and clear away all shreds and clots, after which again irrigate every part of the joint. Each fragment is to be drilled in the median line of the bone. The method of doing this is important. The object is to secure a firm hold and yet not perforate the cartilage on the posterior surface of the patella. Enter the drill on the median line, half an inch away from the broken surface, perforate diagonally so as to bring it out on the broken surface close to the cartilage. Broken fragments are thus treated, care taken to have the holes correspond. A small cannula, such as used in tapping a hydrocele, introduced into the perforations will facilitate the passage of the wire suture. Silver annealed wire is the best; it bears close twisting and is non-irritating. An assistant may press the fragments together while the surgeon draws upon the suture and locks it with a firm twist. He then cuts the wire half an inch from the twist, and, bending the ends of wire, sends them down between the fragments, there to remain for all time.

Macewen twists the wire and projects the ends between the edges of the wound, and in six weeks removes the suture by cutting one end below the twist, then, grasping the other end with forceps, he winds it around the end of the forceps and extracts it. Now, irrigate again thoroughly and insert one or two fenestrated aseptic rubber tubes at the most dependent part, then close the wound by first suturing the capsule of the joint with catgut, then the external parts may be closed in the usual way. Let everything used be aseptic. Let nothing escape and you can have the conscience that your part has been well done.

The external dressings may be the ordinary antiseptic cotton and gauze, plaster-of-paris bandage, from the ankle to groin, to maintain a fixed immobility. An important feature is to prevent subsequent adhesions from interfering with free movement of the joint. It becomes necessary to break these up as soon as possible. Passive motion is necessary. This incurs the danger of disturbing the union of the fragments.

If the case has done well, the dressings can be cut at the end of two or three weeks and the knee exposed, and the patella may be moved *later-*

ally, taking care to move both fragments at the same time. A little later the leg may be slightly flexed, but no strain to be made upon the patella. This manipulation may be repeated every three or four days, with gradual increased flexion. The same dressing can be applied and secured with strips. If, after due time, say four or six weeks, the stiffness of the joint is considerable and the patient resists the efforts of flexion, it is advisable to give an anesthetic and break down the adhesions. Ordinarily, the patient need not be confined to bed long. He may be moved to a chair or lounge, and then can use crutches a little later.

ECHINACEA ANGUSTIFOLIA AND INULA HELENIUM IN THE TREATMENT OF TUBERCULOSIS.

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In the treatment of tuberculosis I employ a compound of two vegetable drugs—echinacea angustifolia and inula helenium. This compound I administer by intramuscular injections, daily, or as frequently as tolerated. *No general or local toxic reactions of any kind have ever resulted.*

The compound, of which 3 c.c. represent 1.33 c.c. of inula and 1.0 c.c. of echinacea, is injected on alternate sides into the gluteal muscles. Each injection carries 3 to 5 c.c. of the compound. As a working rule, I begin with 2 c.c. for the first few treatments, and then increase the dose to 5 c.c. or more, according to the severity of the case or age of the patient.

On beginning my experiments, almost four years ago, I compounded the two drugs from fluid extracts of various makes with which I worked for about six months. While failures resulted from several of the fluid extracts, results being encouraging with others, I continued my experiments. The compound is now made for me, after the above drug proportions, by a firm of wholesale manufacturing pharmacists, whose name, for obvious reasons, I am constrained to withhold at this time. (This compound can be obtained from Lloyd Bros., of Cincinnati, who make it for me.)

None of the fluid extracts used in my earlier experiments have produced the effects obtained from the aforenamed special preparation. I had found that both echinacea and inula are drugs exceedingly difficult to handle pharmaceutically, especially in extracting from them the desirable active principles each contains. Many lines of experiments were made in the pharmaceutical direction, until finally a compound was evolved satisfactory from both the pharmaceutical and therapeutic aspects. This special compound is a colloidal one and does not contain an excess of alcohol.

Echinacea.—In its physiological action, echinacea produces a feeling of intoxication, flashes of heat, headaches of a dull character, dull muscular pains, subnormal pulse, cold and numb extremities and increase in the specific gravity of the urine. All these symptoms pass off gradually by themselves within several hours, showing that the drug has no continuing toxic nor detrimental effects. Deaths from overdoses have never occurred.

In its *therapeutic* action, the drug is found to produce direct stimulation of the katabolic processes, increase in the flow of saliva, sweat and urine, increase in glandular activity. It thus antagonizes all septic processes, facilitates the elimination of toxins from the organism, and lastly, it has a destructive effect upon the streptococci, staphylococci and other pyogenic organisms.

My own laboratory researches, conducted for a period of over three years, have shown that echinacea increases the phagocytic power of the leucocytes; it effects a shift to the right and normal in the neutrophiles ("Arneth count") where a shift to the left had previously obtained. (I refer to my detailed report on the action of echinacea upon the leucocytes read before the New York County Eclectic Medical Society, March 15). Suffice it to say at this time that echinacea does produce in the blood effects parallel with and similar to those produced by the vaccines, without any of the objectionable features of the latter. The leucocytes are directly stimulated by echinacea, their activity is increased, the percentage among the different classes of neutrophiles is rendered normal, and phagocytosis is thus raised to its best functioning capacity.

Inula.—In its *physiological* action inula produces dryness of mouth and throat, increased peristalsis with lumbar pain, much urging to urinate with scant results, with severe pain in the lumbar region, nausea and vertigo.

Therapeutic Action of Inula.—It controls night sweats; first increases and then decreases expectoration, promotes secretion of the gastro-intestinal glands, and *exerts a direct toxic action upon the tubercle bacilli.*

Several German and English investigators have experimented in the past with the alkaloid of inula, inulin or helinin. The consensus of opinion among them is that if the alkaloid can be made pure and stable the drug is of more value than creosote or guaiacol preparations in the treatment of tuberculosis, as it has none of the objectionable features of creosote, and, in proper doses, does not irritate the stomach. Since the plant contains a *resin* and an *acid,* both peculiar to it, a *saccharose,* and the *elecampane camphor,* which splits up into *helinin* and alant camphor, it is easily seen how difficult must be the extraction of the active principles and their separation, and how difficult must be the problem of the stability of the alkaloid. True alkaloids of inula, in a dilution of 1 in 10,000 exhibit the growth of tubercle bacilli in cultures. I have used this akaloid to no great extent, hence can not speak authoritatively about it.

Synopsis of Case Records.—A short synopsis of case records is given here in order to present a comprehensive view without going into too many details; a few appended copies of case records will elucidate the effects and modus operandi. Without making any unverifiable claims whatsoever, I merely state here facts pointing to many remarkable results in my own experience. Other physicians of all schools to whom I have given the compound obtain similar satisfactory results. My cases comprise all types, mainly pulmonary, and include also two glandular, one case with tubercu-

lous joint involvement, one of lupus, secondary to pulmonary infection, and two with kidney, bladder and testicle involvement.

In all, ninety-eight cases were treated by me with this remedy; of these, twenty-one are under treatment at present. Both glandular cases were cured. In incipient pulmonary cases, 100 per cent. of cures were obtained. Some of these cases recovered very rapidly within two to six weeks, while in others it was necessary to continue treatment for from two to four months before a cure or an arrest of the disease was effected. Moderately advanced cases, or second stage, resulted in 77 per cent. of cures. Many of these latter cases had complications, such as lupus, involvement of the genito-urinary tract, influenza, etc. Cases showing rapid or widespreading progress, or those with constant, grave dyspnea, I have been able to benefit and I have had such that actually responded and improved when improvement seemed hopelessly impossible. Far advanced, or third stage cases, yielded no cures. In all fifteen cases have died so far.

In cases deemed curable by present-day methods, cures or arrests of the disease have been obtained in from four weeks to eighteen months. With few exceptions these cases were ambulatory; they were not removed from their homes, nor did they follow a special diet. Several of my cases had previously been treated by other methods without result; they showed improvement under my method, and in some of them the disease was arrested. Several open type cases of several years' duration and with more than one focus of infection responded well and were arrested. In other cases of this type the remedy failed, while others again that had been declining steadily improved visibly and went on to arrest, showing no signs of return of the disease after a year and more.

I have treated two acute cases; in these the outbreak of tuberculosis followed immediately upon attacks of broncho-pneumonia; here I obtained quick results. In both only one apex was affected, and the patients resumed their occupation after five and seven weeks of treatment, respectively; the cases were entirely cleared up within three and four months, respectively, and no relapse has taken place since dismissing them, more than two years ago. (See copy of case record, No. 1.)

Cases of ten or more years' standing, which during that time had acquired a natural strong resistance, were cured without difficulty and within a few months when only one lobe was affected. Of other long-standing cases, with multiple infection and where the power of resistance was weak, some were arrested; others did not respond or improve. One case had extensive fibrosis of the whole right lung and an infection of the upper part of the left lobe for twenty-five years; lupus developed about ten years after the outbreak of the disease, and there were considerable gastro-intestinal disturbances; the lupus and the gastro-intestinal disturbances abated completely within two months, while lung and blood picture showed only a temporary improvement; the case left my hands after two and one-half months' of treatment and died six months later.

In female cases, where suppression of the menses obtained, the general result has been that the menstrual functions were restored and remained regular afterwards. One female patient, forty-one years of age in whom the disease had been present since her sixteenth year, with night sweats and positive sputum on and off during the whole time, was clinically cured without difficulty in three months in spite of the fact that for the last eighteen months prior to my treatment her symptoms indicated a steady and gradual decline. No relapse has taken place since dismissal, fifteen months ago.

Night sweats in the majority of cases were controlled with comparative ease. In cases where the injections did not stop the sweats I have given specific medicine inula in twenty drop doses by mouth, four to six times per day. Thereupon the sweats would cease within a few days; the same treatment was repeated if they reappeared.

Hemoptyses are favorably influenced by the compound. Of my cases about twenty had had hemoptyses before they came under my supervision; only three cases suffered further hemorrhages; in the others these ceased.

In the two cases with kidney, bladder and testicle involvement I used urethral injections and bladder irrigations to good advantage. For these I diluted the compound in the proportion of one to two with distilled water. The greatly enlarged prostates soon diminished under the urethral injections with massage; thereafter bladder irrigations were given every other day. The result was a decrease of pain, decrease of blood and pus in the urine until both finally disappeared and lastly, an increase in the capacity of the bladder from two and three ounces at the start to eight and ten ounces after two months of this treatment. One of these cases was my own, while the other belongs to another physician who is following out these suggestions as to treatment with the compound. This latter case is not cured as yet; still we have hope of not only ameliorating his condition, but to see his case arrested, which will require long and persevering treatment.

It may be well here to state that I am not invariably optimistic concerning the outcome of any case, especially when complicated. I have had cases very discouraging at the start respond to the treatment surprisingly quick; again, other cases which I had all reason to believe should readily respond and be cured quickly, dragged on and on; of these I have lost several. The most disconcerting feature is that tuberculous cases are open to any and all superimposed infections, such as influenza, pneumonia, etc. To treat such cases is no sinecure, and the results are far from satisfactory.

Several cases that had improved rapidly under my treatment left me, probably because they thought that they could fully recover without continuing treatment. But of these cases, when they returned with all their symptoms aggravated, only a few would show improvement re-established or ultimate cure.

As a rule, response to my treatment can be pretty accurately gauged by the "Arneth count." Whenever this blood count shows favorable progress the cases go on to recovery. Parallel with improvement in this blood count goes increase in weight, in appetite, increased phagocytosis, diminished cough and expectoration. Wherever there is no improvement in this blood count after two months, the cases may, indeed, be regarded as beyond hope. The Arneth count is a count of the polymorphonuclears and classifies them according to the number of nuclei they contain. Those with a single nucleus are placed in class 1, those with two, in class 2, and so on. A normal count would give this approximate percentage among them: Class 1-5; 2-35; 3-41; 4-17; 5-2. The most vigorous cells are those of class 3, being most active in the phagocytic power, while those of classes 1 and 2, are younger cells and not so active, and those of classes 4 and 5, are less phagocytic by reason of their approaching the process of cell division. A cell count showing the third class highest and also higher than class 1 plus 2, is regarded normal; a count showing the first two classes exceeding the third is prognostically bad. My experiments showed that even with a cell count of bad prognosis the influence of the compound or of echinacea alone will re-establish a normal or nearly normal cell count, thus raising the phagocytic power of the neutrophiles to its possible maximum.

No relapses have ever occurred in any of the clinically cured or arrested cases, as far as I have had the opportunity of re-examining them; and a re-examination was afforded me in about 60 per cent. of all cured cases, from one to two years after dismissal.

Results Obtained by Single Drugs.—"Subculoyd" inula, in injections of from 3 to 5 c.c. daily, gave these results: The tubercle bacilli are manifestly destroyed by it gauging results by microscopical findings. The effect of this drug is to be clearly seen under the microscope in the great number of bacilli showing signs of being destroyed in ever-progressing degree. There is a steady, more or less speedy, decrease in the number of normal bacilli; they swell up, become thick, heavy and granular, appear fragmentary, and disintegrate until under the microscope mere dots or broken beads are observed. These fragments or beads *do not stain readily;* and the usual sporoid forms *show no tendency to proliferation.* The process of destruction of bacilli is in proportion to the severity of each case.

This inula preparation I applied in: (a) Incipient cases in which there was no expectoration, but only the dry, small cough, and where X-ray plates and fluoroscope showed spots and mottling; (b) in cases of the open type which showed little of mixed infection or no great amount of pus. In other cases of the mixed infection type this preparation, employed singly, diminished the number of bacilli perceptibly; but the patient did not respond as readily as when the compound was used. Night sweats, when not too severe or too frequent, were controlled by injections of this inula preparation. Here I found that in really hopeless, persistent cases, where

inula by injections or by mouth could not stop the sweats, atropine and other drugs of like effect—camphoric acid—were useless also.

From ten to twenty inula injections, 3 to 5 c.c. daily, will generally check the proliferation of the bacilli; thereafter I usually had to stop these injections and go back to the compound so as to avoid undue irritation or indurations from the small quantity of alcohol necessary in the "subculoyd" inula. Whenever deemed necessary these inula injections were resumed in each respective case.

"Subculoyd" echinacea, as a single remedy, in daily injections of from 3 to 5 c.c., I have used in cases that showed a few bacilli, but an abundance of cocci and pus in the sputum. The result was a more or less speedy decrease of the cocci and pus cells. One case is especially remarkable in this respect. It had started as tuberculous pleurisy with profuse hemoptysis the previous year, and when it came into my hands, showed very few bacilli, but innumerable cocci of all types, pus cells, and a great amount of connective tissue shreds with many epithelial cells; the odor of this sputum was offensive in the extreme. Here the echinacea preparation cleared up the pus in four weeks, the odor disappearing within one week; employing the compound from the fifth week on, the case was entirely cleared up within two and one-half months; the patient attended his regular occupation throughout the treatment; and there has been no relapse or reappearance of any symptoms up to the present time, fifteen months after dismissal.

Hyper-leukocytosis and leukopenia are directly improved by echinacea; the proportion of white to red cells is rendered normal; the percentage among neutrophiles becomes normal; and phagocytosis is very evident where formerly no sign of it could be detected under the microscope. As many as eight bacilli enclosed within one phagocyte were counted; and this in cases where, at the beginning of treatment, the third class of neutrophiles had been from 9 to 12 per cent. less than the second class. By favorably influencing phagocytosis, the number of bacilli is also diminished; but as far as the direct destructive power of echinacea upon the bacilli is concerned I have never found any practical results. When using echinacea alone I have discovered, under the microscope, no such deterioration or destruction of the bacilli as observed when employing "subculoyd" inula. Incipient cases might well be treated by inula alone. Yet, incipient cases are far less frequently coming to our offices than the open and mixed infection types. And so I prefer the compound in all cases, with the modifications spoken of before, because of the very apparent effects on the blood elements and on the elimination of toxins from the organism.

My cases have not been "picked" ones, but such as come under the hands of the general practitioner in every day routine and that in New York, no county.

Conclusions.—From the results obtained by these two drugs and their compound, I feel free to state that it is: (1) Is non-toxic; (2) increases

appetite and favors assimilation of food; (3) controls night sweats; (4) materially assists in the elimination of toxins from the organism; (5) favorably influences fever, reducing the temperature to normal; (6) increases phagocytosis; (7) destroys tubercle bacilli; (8) effects an arrest of the disease or a clinical cure, in cases that are deemed curable at all, in less time than is required by other present-day methods.

For lack of space only five copies of case records are appended; the blood counts following upon the case records refer to these by initials.

COPIES OF CASE RECORDS (ABBREVIATED).

1. *I. McD.,* December 11, 1912; female; twenty-three; U. S.; 5 feet, 4 inches.

Family History.—Of three generations past, four male members on the father's side of the family died of pulmonary tuberculosis; the two brothers of the patient died of acute pulmonary tuberculosis at the age of twenty and twenty-two, respectively.

Previous Illness.—Diseases of childhood; frequent attacks of colds; occasional blood-streaked sputum for the last three years; anemia for three years. *Pulse,* 112; *temperature,* 103.6° F.; *respiration,* 28; shallow; left side exaggerated.

Symptoms.—Confined to bed for the last three weeks; constant fever for two weeks; constant cough; profuse muco-purulent expectoration; exhaustion; constant night sweats for two months. Moist, fine, crackling rales over whole right apex down to level of fourth rib along parasternal line. Dullness ibid.; resonance increased; vocal fremitus absent. Amenorrhea since November, 1912.

Recent History.—Had an attack of pleuro-pneumonia at the beginning of November of this year; pronounced cured by the attending physician, but had an apparent relapse at the end of November, when pulmonary tuberculosis was diagnosed and confirmed by sputum examination by the local health department. Weight before attack of pleuro-pneumonia was 108 pounds.

Diagnosis.—Sputum shows abundance of tubercle bacilli, strepto and staphylococci, pus cells, and is albumin positive. Acute pulmonary tuberculosis.

Treatment.—Injections of subculoyd echinacea and inula compound, 5 c.c. daily; inula by mouth gtt. xx, q. 3 h., begun December 11. December 27, first day without fever, temperature having gradually declined since beginning of treatment; pulse, 96; out of bed for a few hours; no more night sweats since December 18. December 31, at my office, one block away; pulse, 84; cough and expectoration greatly diminished; sputum shows disintegrated bacilli. Weighs to-day, 95 pounds. January 17, 1913, she weighs 99 pounds; coughs in the morning only; amount of sputum in twenty-four hours is 1 ounce. January 22, sputum shows few strepto and staphylococci, but no more tubercle bacilli; only very little cough and expec-

toration in the morning. Slight infiltration remains at right apex. January 23, goes back to work, school teacher. January 31, sputum is watery, contains no pathogenic organisms, except a few diplococci and tetrads. February 11, weighs 111 pounds; eats and assimilates well. February 16, menses reappear; there had been amenorrhea since November, 1912. March 27, weighs 116 pounds; the scant morning expectoration is negative; injections discontinued. October 20, re-examined; no signs of infiltration found; slight area of flatness at right apex; no other untoward symptoms found. June 1, 1914, re-examined by three other physicians; nothing untoward found. April 15, 1915, re-examined before the county medical society; case declared clinically cured.

2. *J. T. N.*, February 21, 1913; male; twenty; U. S.; 5 feet, 7½ inches; 137 pounds.

Family History.—His mother and sister died of pulmonary tuberculosis within ten and six months, respectively.

Previous Illness.—Frequent attacks of colds that linger. *Pulse,* 132; *temperature,* 99.6° F.; *respiration,* 26; left side exaggerated.

Symptoms.—Severe, harrassing cough; profuse muco-purulent expectoration. Dulness over right apex down to third rib, also at the level of fourth rib in right axillary line; moist, fine, crackling rales over right apex; loud, wheezing rales over other point; resonance increased, vocal fremitus absent; pain over region of fourth rib in right axillary line. Icterus of both sclera.

Recent History.—Severe attack of influenza two weeks ago; lost six pounds during this time.

Diagnosis.—Sputum looks characteristically tuberculous, showing strepto and staphylococci, pus cells, is albumin positive; no tubercle bacilli in it to-day. Suspected pulmonary tuberculosis.

Treatment.—Injections of subculoyd echinacea and inula compound, 5 c.c. daily. March 6, his sputum to-day shows numerous tubercles and other organisms previously found; health department report on sputum is positive. March 11, cough is materially decreased, softer, and expectoration less. Feels better; weighs 141½ pounds. March 18, weighs 144½ pounds; has eaten only ordinary diet; coughs in the morning only. March 31, weighs 146⅛ pounds; fluoroscope shows dark areas at and below right apex; bronchial rales at right apex and right axillary line. April 12, only a small quantity of sputum obtained in the morning; free from tubercle bacilli. May 29, raises very little sputum in the morning only; it is albumin negative and free from tubercle bacilli. June 16, flatness at and below right apex and in right axillary line, fourth rib. No other signs and symptoms present. Injections discontinued. August 11, slight cold and cough after ocean bath; sputum is negative. October 30, another cold; sputum again negative. January 14, 1914, re-examined; no untoward signs or symptoms found. June 1, 1914, re-examined by three other physicians; nothing un-

toward found. April 15, 1915, re-examined before the county medical society; case declared clinically cured.

3. *D. McG.,* June 11, 1913; male; twenty-eight; Ireland; 5 feet, 5 inches; 116½ pounds.

Family History.—Mother, one sister and four brothers, died of pulmonary tuberculosis.

Previous Illness.—Two attacks of pleuro-pneumonia; tuberculous lymphadenitis, operated upon in 1906, at the Manhattan Eye, Ear and Throat Hospital. *Pulse,* 96; *temperature,* 97.2° F.; *respiration,* 20; left side much exaggerated.

Symptoms.—One cervical lymph gland, right side, location of previous operation, is puffy and shows fluctuation. Slight cough, scant expectoration. Moist, crackling rales at right apex and right mid-axillary line, fourth to sixth ribs, also at left scapular line, third to fourth ribs; dulness at these points; pleuritic adhesions in right mid-axillary line. Pain over right lumbar region; walks with utmost effort.

Recent History.—Night sweats in 1909, lasting six months. Was given twenty-five tuberculin injections after his glands had been removed at the above named hospital. Pleuro-pneumonia in 1906, and again in April of the present year.

Diagnosis.—Sputum shows tubercle bacilli, strepto and staphylococci and pus cells; urine shows casts and pus.

Treatment.—Injections of subculoyd echinacea and inula compound, 5 c.c. daily; echinacea by mouth. June 14, sudden onset of delirium in the afternoon; pulse, 98; temperature, 102.6° F.; respiration, 40. Right lower lobe consolidated; pain in right side sweeping to front. June 15, induced perspiration has reduced temperature and pulse; mind clear; profuse diarrhea. Urine contains large amount of pus and many bladder cells. June 22, pulse 90, temperature 98.6° F.; comes to office, one block away. June 28, edema of left foot; mitral systolic murmur. July 28, weighs 126 pounds; a gain of ten pounds; goes back to work as city salesman. August 9, the puffy right cervical gland opens spontaneously; smear from it shows tubercle bacilli. August 12, urine shows albumin, pus and bladder cells. Sputum is free from tubercle bacilli, but continues albumin positive. August 30, severe chill in the morning, put to bed; pulse, 96; temperature, 102.2° F.; pain in right side. August 31, induced perspiration has reduced pulse and temperature to normal; has passed large amount of pus in the urine. September 1, at office; pulse and temperature normal. September 4, numerous hyaline casts in the urine. September 7, weighs 121¾ pounds; goes back to work. September 25, 125 pounds; sputum free from tubercle bacilli and albumin negative. October 8, weighs 128 pounds. November 9, injections discontinued. January 12, 1914, slight cold, sputum is negative. Flatness over previously affected lung areas; no new signs or symptoms. Dismissed. April 14, 1914, re-examined; no return of signs or

symptoms. June 1, re-examined by other physicians; no untoward signs found. July 10, re-examined by another physician who declares lung condition arrested. April 15, 1915, re-examined before the county medical society; case pronounced clinically cured.

4. *K. McG.*, November 20, 1913; female; twenty-six; Ireland; 5 feet, 5 inches; 125 pounds.

Family History.—Good.

Previous Illness.—Pleurisy, 1905; pneumonia, 1912; lymphadenitis, operated in 1911. *Pulse,* 90; *temperature,* 99.8° F.; *respiration,* 20; shallow.

Symptoms.—Harsh, ineffective cough; both clavicular notches of both sides much deepened. Right apex, dulness and moist, crackling rales; left apex, dulness and few interrupted, moist, crackling rales. Venous varicosities over vertebra prominens. Scar tissue over location of removed lymph glands of supraclavicular and right axillary group.

Recent History.—Had been examined at the Mt. Sinai Hospital in the spring and been told that she was suffering from pulmonary tuberculosis, and been advised to go to the country. She went to the mountains from June to end of October, returned without any improvement in her condition.

Diagnosis.—Sputum shows moderate number of tubercle bacilli, large number of strepto and staphylococci, pus cells, and some epithelial cells.

Treatment.—Has an attack of follicular tonsillitis from November 21 to 24; abed. Comes to office, November 25, when injections of subculoyd echinacea and inula compound are begun, 5 c.c. daily. Weight to-day, 125 pounds, having lost 11 pounds since August. Pulse today, 110; temperature, 99.6° F. December 2, less cough; digestive disturbances, gas and vomiting; echinacea by mouth, gtt. xx, q. 4 h. December 12, cough softer and less; expectoration greatly diminished. December 24, sputum in twenty-four hours amounts to ½ ounce; it is free from tubercle bacilli, but shows other pathogenic organisms found before. Small area of consolidation at right apex; few rales remaining at left apex. December 29, sputum negative. January 5, 1914, no cough for the last five days; weighs 130½ pounds. January 12, examined by another physician who reports: "No signs of lung involvement found." Injections discontinued. Remains under observation. May 11, re-examined; voice and breath sounds normal; no signs of relapse; has not coughed since January 2. June 1, re-examined by other physicians; no untoward signs found. April 15, 1915, weighs 145 pounds. Re-examined before the county medical society; case pronounced clinically cured.

(This case was selected for me by another physician as a test case; he examined the patient before I began treatment; his report after I dismissed the case can be produced).

5. *E. D.*, March 10, 1914; female; forty-one; U. S.; 5 feet, 6½ inches; 139½ pounds.

Family History.—Mother died of "hasty consumption," and other relatives have suffered from pulmonary tuberculosis.

Present Illness.—Pleurisy at age of sixteen; she had to leave school after that because of constant cough. *Pulse,* 90; *temperature,* 99.6° F.; *respiration,* 19, left side exaggerated.

Symptoms.—Much cough with profuse muco-purulent expectoration. Dulness and moist rales at right apex. Flatness on left side, scapular line, location of pleurisy, eighth rib. Loss of weight during the last two years. Anorexia. Easily fatigued.

Recent History.—Has had night sweats, more or less severe, during the last eighteen months whenever she had a "heavy cold."

Diagnosis.—Sputum shows moderate number of tubercle bacilli, numerous strepto and staphylococci, diplococci, tetrads, pus cells, and few epithelial cells.

Treatment.—Injections of subculoyd echinacea and inula compound, begun with 3 c.c. daily. March 17, cough materially decreased; less expectoration; better appetite. March 25, weighs 142¼ pounds; coughs only in the morning; sputum shows only few tubercle bacilli, no strepto or staphylococci, but numerous leukocytes; no other findings. March 31, great general improvement; very good appetite and assimilation. April 7, feels and looks better than for many years past; no fatigue. Sputum today, shows a few disintegrated tubercle bacilli, a few streptococci and occasional leukocytes; no other findings. April 20 to April 27, severe attack of hives with consequent loss of appetite and loss of weight. April 29, weighs 140¼ pounds. Appetite returns as hives disappear. May 5, weighs 142¾ pounds. Coughs only once in the morning; expectoration consists of clot of mucus material; it is free from tubercle bacilli. May 14, has not coughed for the last week; weighs 145 pounds. At right apex no more rales, but slight flatness. Injections discontinued. July 26, re-examined; no untoward symptoms found. January 5, 1915, re-examined; no return of any signs or symptoms found. April 15, 1915, re-examined before the county medical society; case pronounced clinically cured.

In the foregoing cases the sputum examinations were verified by the department of health, as well as by Dr. T. S. Schlauch for whose conscientious co-operation I wish to express my appreciation.

In the blood counts given below, reference to the respective cases is made by initials. For greater clearness these blood counts are given separately.

J. T. N. (Case 2), February 21, 1913:

White cells.....6,500	Arneth Count:	Class	1	2	3	4	5
Polys 70%			8	39.5	40.5	9	2
Small monos.... 19%							
Large monos.... 6%							
Transit 0							
Eosinophiles 5%							

April 12, 1913:

White cells.....7,000	Arneth Count:	Class	1	2	3	4	5
Polys 71%			5	34.5	42.5	17	1

October 30, 1913:

White cells.....7,500	Arneth Count:	Class	1	2	3	4	5
Polys 71%			5	30	44	18	3

D. McG. (Case 3), June 11, 1913:

White cells....18,000	Arneth Count:	Class	1	2	3	4	5
Polys 63%			10	47	33	10	0
Small monos.... 19%							
Large monos.... 17%							
Transit 0							
Eosinophiles ... 1%							

July 18, 1913:

White cells.....8,000	Arneth Count:	Class	1	2	3	4	5
Polys 70%			6	40	43	9	2
Small monos.... 24%							
Large monos.... 4%							
Transit 1%							
Eosinophiles ... 1%							

August 30, 1913:

White cells....11,000	Arneth Count:	Class	1	2	3	4	5
Polys 68%			10	45	40	4	1
Small monos.... 17%							
Large monos.... 12%							
Transit 1%							
Eosinophiles ... 2%							

November 9, 1913:

White cells.....7,000	Arneth Count:	Class	1	2	3	4	5
Polys 71%			5	35	42	15	3

K. McG. (Case 4), November 20, 1913:

White cells.....5,350	Arneth Count:	Class	1	2	3	4	5
Polys 70%			10	43	40	5	2
Small monos.... 18%							
Large monos.... 5%							
Transit 4%							
Eosinophiles ... 3%							

January 13, 1914:

White cells.....6,950	Arneth Count:	Class	1	2	3	4	5
Polys 71%			4	29	45	18.6	3.4

E. D. (Case 5), March 10, 1914:

White cells.....6,800	Arneth Count:	Class	1	2	3	4	5
Polys 65%			7.3	40	43.6	8	1.1
Small monos.... 18%							
Large monos.... 8%							
Transit 2%							
Eosinophiles ... 7%							

April 30, 1914:

White cells.....7,200	Arneth Count:	Class	1	2	3	4	5
Polys 71%			6	35.5	44	14.5	2

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DISCUSSION.

DR. E. B. STEVENSON (Chairman): I would be glad to give time for the discussion of this paper, but the time for this section has been consumed. There are other papers we would be glad to have, but we must close this section now.

DR. F. M .ANDRUS (Nebraska): I think a paper like we have just had read deserves a vote of thanks. I therefore move that we extend the doctor a vote of thanks for his efforts along this line.

Seconded and carried.

PROF. JOHN URI LLOYD: My name has been used by Dr. von Unruh, and I want to say to the members that four years ago when the doctor wrote me stating he was interested in this line of work and investigation and asked me, as a pharmacist, if I would help him in the preparation of the remedies he wanted to use, I agreed to do so providing every remedy he made be free to the world, that there should be no secrecy anywhere, and it pleases me very much to find that the doctor has made this clear in his paper. When I say to you that, to my knowledge, the doctor has used nearer twenty than ten gallons of the preparation in his work with the boards of health, you will know that he has employed enough to speak advisedly concerning the preparation.

I also noted with pleasure what the doctor said about inula, but he said he did not know why he used it. Let me ask the doctor if he will not study up the old Eclectic remedies that have been used in times gone by, when Dr. King and others were concerned to find standard remedies for the Eclectic school, and one of the remedies that I used to make in large quantities was elecampane syrup for pulmonary troubles, and it pleases me very much to find here another opportunity of calling to the attention of the world the work the Eclectics are doing in the way of giving to the world remedies that the whole world may be benefited thereby.

I want to refer to one sentence in Dr. Henderson's paper where he said the difference between the action of a remedy that is digested in the stomach and the action of a remedy which is passed through the stomach undigested may be marvellous. I accepted that fact in this colloidal compound of ipecac that I discovered some years ago, and with which we have made such a record in enteric fever—we found then the far-reaching action of that ipecac was when it had passed through the stomach into the intestines and there assimilated. We must give Eclecticism the credit for the work that has been done in that direction.

I have been very much pleased with Dr. von Unruh's paper, and I think he has admirably followed the suggestions made by me.

The National Eclectic Medical Association

QUARTERLY

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THE NATIONAL MEETING.

The meeting in San Francisco, considering distance necessary to travel, was fairly well attended. Representatives were present from twenty-two States. The scientific sessions were good and the program completed on time. Instead of holding the usual morning and afternoon sessions, one continuous session from 9:00 to 2:00, was held, the delegates meeting before and after the scientific sessions and thus jarring or interference with the scientific sessions were avoided.

Our California friends extended to the representatives a characteristic western welcome and did everything in their power to make the welcome genuine. We feel that the meeting was all that could be desired in every way and I am sure we, who went in the "Special from Chicago to San Francisco," enjoyed the trip immensely, and especially our trip to the Grand Canyon on our way home.

We trust that our western friends will do as well for our next meeting at Cedar Point, Ohio, as Ohio did for California. If they do, we will have a grand meeting at Cedar Point. M.

AWAKE ECLECTICS!

To the Officers and Members of the National Eclectic Medical Association:

Having been re-elected to the office of president of the National Eclectic Medical Association, and realizing the great responsibilities connected therewith and assuming also that a president is elected not for the honor, but for the purpose of securing the best service from him in the interests of the association, I, at this time, earnestly solicit your co-operation in the efforts to awaken every Eclectic in the United States to the fact that work, hard work, is actually necessary.

There are many even among our members, who are of us, but not with

us. They are of us by virtue of paying dues, of being graduated Eclectics, but are not with us in our efforts to build up and strengthen the National Eclectic Medical Association.

This Association must be conducted on business principles, pure and simple, and you, dear doctor, as one unit of this organization, are equally responsible with others for our standing professionally, financially and numerically.

It is therefore incumbent upon all of us, as members of the National Eclectic Medical Association, to put aside those prejudices and petty matters, that often tend to sap away the life and energy of any organization. You, dear doctor, must take part in the endeavor to form a compact body, a compact fraternity, which will include every Eclectic physician in the United States, and all of us work consistently for the upbuilding of our Association.

It is not enough to be merely a member, it is not enough to merely send your dues and let it go at that. You must do more than merely be members, you must become workers, active workers. You must endeavor to attend the annual meetings and thus perform an act of virtue that carries simultaneously its own reward. For if we all attend, if we all contribute our share to the deliberations, if we all take part in the work attached to the Association, we, at the same time, enjoy the pleasure of an outing and receive the great benefits that come from association with our colleagues. Will you extend a helping hand?

Fraternally,
THEODORE DAVIS ADLERMAN.

OUR DEVELOPMENT, SHALL OUR ORGANIZATION BE PERPETUATED?

The late Elbert Hubbard said: "Nobody ever organizes to do anything that is not his interest to do." One hundred years ago, when the prevailing practice of medicine was vicious, depressing and devitalizing, when progress in the art of healing was for a time checked by bigotry, strict adherence to precedent and authority, when the dominant medical practice ostracized, socially and professionally, any and all who did not follow the "regular" method, there arose a few men having the courage of their convictions who denounced the prevailing destructive methods and set about to correct them and provide more kindly and curative medicine and methods. Then began an era of progress. This small beginning was at first unorganized. As followers gathered eagerly about the leaders of medical reform, teachers instructed students in the more humane theories and application of remedies for the relief and cure of human suffering and disease. As is usually true, new theories and different practice were derided and antagonized. Eventually, organization in the interests of reformed medicine slowly shaped itself to protect and promote the cause and to fortify against opposition, oppression and persecution.

The American system of practice, or as now denominated, the Eclectic, from the Greek, meaning to select, grew apace as the people awakened to the marked difference between the new reform practice and old or self-styled "regular." Organization of schools, societies and the production of text books, marked the development which was the beginning of not only medical reform, but extensive research and more scientific practice of our noble calling. While at first Eclectics were reformers in medical practice, making better and more kindly application of existing means and measures, they began their research in the vast undeveloped world of indigenous American plants, and brought to the medical profession a wealth of new and better remedies for which they worked out specific symptomatic and pathologic application. For the excessive dosage and harsh mineral remedies, they exchanged the more kindly curative action of nature's preparations, and rapidly developed the specific diagnosis of disease with corresponding specific application of curative agents to relieve the specific pathological conditions.

All this stands in strange contrast with the "regular" practice, which declined in its popularity, both in the eye of the public and the profession, until within the last two decades, we see a reign of "therapeutic nihilism," during which even the "regular doctors" lost faith in and decried the use of their own drug remedies. Out of the latter condition grew the various cults and "one idea" practices of to-day. In the meantime Eclectic medicine has progressed steadily, American plant remedies and specific application of them marks the greatest stride forward ever known in the history of medicine. No medical progress, no advancement from the crude and death-dealing practice of the past centuries, but medical intolerance and religious intolerance came to us from the same country and same ages, until this age of medical advancement was ushered in by the great medical reformers who developed the American system of medical practice and to-day, more than ever before, is the medical profession of this country giving *silent* approval of the work of Eclectics by seeking Eclectic remedies and learning Eclectic methods, which developed in a free country, and which are *freely* given to the entire medical world for the betterment of mankind.

The past century has witnessed many astonishing and revolutionizing changes in every field of human research. Things unthought of or undreamed of, or of which the boldest minds has but hints and suggestions, are to-day realities. We look back but a short quarter of a century and astonishment and wonder possess us when we contemplate the advances, changes, theories and facts developed in this brief period. Out of all the maze of bewildering newness and theory, we are chiefly interested in that pertaining to the physical and mental welfare of humanity. When all that human effort has produced in the recent past has been carefully culled, when out of the great volumes of theory and fact, the good, the true, the

useful and valuable have been carefully separated, it is to be hoped that human kind will, in a measure, profit thereby.

Spectacular indeed has been the career of modern scientific medicine, or more properly speaking, medical thought. Wonderful and fascinating, as are all the modern theories and achievements, no less so are some of the results of restudy of vegetable and mineral remedies long known to the world of medicine. No man should over-rate or value too highly his uncorroborated personal experience or observations; on the other hand, he should not be extremely modest in the expression of his experiences, nor suppress what may be of vast value to the sum total of human knowledge.

The disruption of medical medievalism, by the eminent minds whose culture and judgment were the equal of the best age produced, opened the way to that wide and extensive research which for one of its results, gave us the rich and extensive world of American vegetable remedies, the full value of which is not yet known or fully appreciated, and the wealth of which has as yet but been touched upon.

New remedies and new uses for old ones have come to our attention through two lines of investigation and much difference of opinion exists as to the relative value of the so-called scientific and the bedside study of drug action. It has ever been the latter method which has given prominence to the successful practice of the healing art by Eclectics. Primarily, we have sought to know the effect of remedies on the sick, since it is the sick and the suffering we are called upon to administer unto. If a remedy is such, it is because it will change, relieve, or cure the wrongs of life, pathology. In the sick room or our offices, it is illness we encounter. The healthy have little or no use for us or our ministrations, and less for our theories.

Union Organization.—While then all people feel an "immediate and particular interest" in the advancement of the healing art, they, and *we more particularly,* must feel the necessity of the "united mass of means and efforts," greater strength, greater resource, and proportionately, greater security in our rights to continue our research at the bedside of our patients, in our laboratories and in the great storehouse of remedial agents which our system of practice has discovered to the world. BEST.

HIGHER EDUCATION.

The requirements for medical students are steadily advancing. This applies both to premedical and medical courses. It appears that our law makers intend that when the youth leaves the college he must know *all,* and that in the future he need not be a student as there will be nothing more for him to learn. On graduation, he must pass a creditable examination in all the specialties, must be acquainted with every new theory, whether accepted or not, whether plausible or not.

My attention was called to this subject again by the recent action of

several State boards. North Carolina's board made a ruling that after 1917, no graduate unless he be a graduate of a class A college as rated by the American Medical Association, will be eligible for examination in that State. New Jersey has ruled that in addition to graduation from an accredited high school, the student must have two years of college work and serve a year as an interne. The question has often occurred to me why men appointed to fulfill a mission by a State government will allow themselves to be dictated to by a coterie of men who have no legal status nor interest in their welfare. It appears to me that many rulings by State boards are illegal and will not stand the test of a court. I have now before me, on my desk, a survey of education in the United States by an attache of the United States Bureau of Education, and from a perusal of the same, it appears that the Southland is moving too fast for the preliminary educational facilities of that section. They seem to me to be blind to their own interests and are being dictated to by men whose only interest is a sordid selfishness, and who have become so puffed by their own political successes that they have become as dictatorial in their methods as any political boss that ever graced a city or county ring. No one will deny the advantages of being well-equipped for one's profession, nor will any one deny that he who is best equipped, everything being equal, has the better chance of success; yet, we must all admit that the matter is being overdone, and our State boards are really over-stepping themselves in their rulings. They are dictatorial and extremely bureaucratic. They have become so extremely dictatorial and unconstitutional that some of the teachers in our leading cities have enunciated the idea that no one shall essay to practice a specialty or do an operation unless connected with a metropolitan hospital. They are becoming too bombastic and egotistical, and are taking themselves too seriously.

For a number of years I have made it a habit to read examination questions as printed in the various journals, and I have been surprised at the hypothetical and theoretical character of many of them. Knowing as I do, many of the examiners and frequently meeting them, I am surprised at the lack of practicability of the questions and am sure that they could not pass the examination themselves. A good editorial along this line appears in a current number of the "Journal of Opthalmology, Otology and Laryngology," signed "P. R." It will bear reading and voices my own ideas better than I can express them. Very few if any of the present day examiners are recipients of half the qualifications they are demanding of the present day student.

It appears to me it has come to the point with the State boards where they say to each other, like Macbeth, "Lay on, Macduff, and damned be him that first cries, hold, enough!"

It is certainly inconsistent to demand ten or twelve years preparation of a medical student and yet license a drugless healer, no matter what the

name, who has only had a six weeks' correspondence course and is ignorant of the first principles of the anatomy or physiology of the hip joint. A recent consultant of one of these informed me to-day that one had informed him he had either a fracture or dislocation of the hip joint, and two misplaced vertebræ, and yet he was able to come to my office, a distance of ten miles. Why demand the ten or twelve year preparation in one, and license the other with a six weeks' course? Why does the law discriminate in favor of the one? M.

BUREAUCRATIC GOVERNMENT.

Whilst thinking about the rulings and methods of State examining boards, I received a circular letter inviting me to join "The National Association for Constitutional Government." The list of members contain a number of names whose owners stand high in the esteem of their fellow citizens. The circular calls attention to the grave danger of statutory law abridging the constitutional rights of citizens. There is a great need for such an organization. Our State legislatures are passing freak legislation of every description. Class legislation of the most dangerous description is being enacted. Boards and bureaus are being formed that interfere materially with the business and private lives of its citizens. Our constitutional privileges are being constantly abridged. We are licensed to practice medicine and in the same breath told we must not do this or that. The State board is made a monitor over our private lives and actions, and, if they deem we do not live aright, can revoke our license. Our rights as a citizen are not only infringed upon in the pursuit of a livelihood, but even in the peaceful possession of our home.

These boards and bureaus not only tell us what we shall not do, but what we shall do. They say to the parent, your child must go to school and then tell him he can not go without being vaccinated. He must go to school and then he can not go if he has any skin eruption or adenoids. He must go to school and yet must submit to an examination by theoretical, inexperienced nurses and will-be doctors. The housewife must clean up, but she must not beat nor dust the carpets in the back yard. The man has tuberculosis and is advised a change of climate will benefit, but he can not travel in a public conveyance or cross certain States en route to his destination.

We are privileged to practice medicine, but can not dispense our remedies, but must leave this to a young and often inexperienced drug clerk; nor administer but a limited amount of narcotics to a suffering individual, no matter how needy he may be. Nothing is left to the discretion of the physician, even though he has prepared himself in accordance with the demands of the State.

These inconsistencies are equally palpable in other lines besides medicine. For instance, our laws allow but a limited levy for school purposes.

So much for tuition, so much for incidentals, neither fund is interchangeable. The levy is made in accordance with anticipated expenses. An inspector comes along and orders sufficient improvements to the school house to use all the contingent funds. The following year a new inspector appears and condemns the former work and thus it goes on without ceasing. The United States Constitution is supposed to guarantee its citizens security in their person, houses, papers and effects against unreasonable searches, seizures, etc. It used to be said a man's house was his "own castle." This saying no longer holds good. His house, his office, his business is open to the inspection of numberless inspectors representing a like number of commissions or bureaus.

Why make a man make a preparation for his life's work of ten or twelve years, and then say he must not dispense his own drugs? Why permit one to dispense whose only preparation is two or three years. Why this discrimination? Wake up, doctor, or you will find, when too late, all your preparation and examinations are for naught. An excellent review of the methods pursued toward paternalism and a bureaucratic form of government so far as it relates to medicine may be found in "The Eclectic Review," June 15, 1915, page 171. If the United States commissioner of education in his report stated "That all sectarian schools of medicine must go," he is certainly liable to impeachment. He is paid not to serve one sect or one body of men, but *all* citizens of the United States, irrespective of color or creed. I pay my proportion toward his support, and he is compelled by his oath of office to protect me in pursuit of life, liberty, happiness and a livelihood. "Governments are instituted among men, deriving their just powers from the consent of the governed," etc. Read the balance and note the dangers arising from this plutocratic assumption of power, and used for the purpose of crushing the minority. His attitude is one of the dangers that accrue to a party, church or organization, when it becomes so strongly entrenched in power that it is a menace. As we have previously stated (December, 1914, Quarterly, page 167), the only sectarian medical school in existence is the allopathic, or, as they please to call themselves, the "regulars." So regular, they have to resort to legisolation and the power of money for self-preservation. M.

CLINICAL INVESTIGATION IN HOSPITALS.

"The practical value of a remedy, after the chemist, the pharmacist and the physiologist have made their investigations, must be determined finally by the clinician. In private practice, ordinarily, it is impossible to draw scientifically accurate deductions regarding the action of remedies, because it is impossible to exercise adequate control of all the factors which affect the case. A patient recovers under a certain drug treatment; how much of the credit, then, should be awarded to the drug and how much to the diet, the rest in bed, and the other non-medical therapeutic measures —not to speak of the natural tendency of the organism toward recovery?

The answers to these questions can be obtained only by comparison and observation of large series of cases treated under like conditions. This means that final judgment on remedies must be rendered in hospitals where all the conditions can be controlled and checked. The carefully planned clinical investigations of the Council on Pharmacy and Chemistry regarding the comparative value of 'synthetic' and 'natural' salicylic acid and the relative action of heavy and light and Russian and American liquid petrolatum, and the studies of Eggleston on the action of digitalis preparations and of Lester Taylor on the relative efficiency of caffein and theobromin illustrate the type of research that is urgently needed. Similar clinical trials of the various bromides of the pharmacopeia, of the innumerable iodine preparations, of the many iron compounds, and similar preparations will probably demonstrate that not one-tenth of our present materia medica is of real practical value. Of course, ill-considered experimentation and haphazard trials, whether performed in hospitals or in private practice, are to be condemned. Occasional reports indicate that internes in some hospitals are given to using drugs experimentally in a way which can promote neither the science of medicine nor the good of the public. We have in this country many large and well-equipped hospitals superintended by high-grade physicians. Tremendous possibilities for good rest in the hands of those who direct these institutions. By clinical investigation they could increase the efficiency of the staff, benefit the patients, and, at the same time, perform signal services to medical science."

The above clipping, from the Journal of the American Medical Association, of July 17, bears careful reading. In reading it the first clauses attracted my attention, and then, when compared with the statement about the hospitals, I reread it several times. The question naturally occurred, when a patient recovers in a hospital under a certain drug treatment, how does "the diet and rest in bed and the other non-medical therapeutic measures—not to speak of the natural tendency of the organism toward recovery," differ when the patient recovers under the same conditions at home. This certainly seems a far-fetched argument, but it is on a par with much of the other reasoning advanced in therapeutics. How often a patient is sent to a hospital for the purpose of getting "the rest in bed and diet." The action of drugs is the same whether administered in the home or in a hospital. The balance of the above clipping is but an apt illustration of the helplessness and uncertainty of remedial agents in their hands. It is no wonder that therapeutic nihilism exists in the profession; neither is it a wonder that, in their helplessness, the recent graduates of the dominant school turn to the pharmaceutical houses for help. Neither is it a wonder that drugless healers of all descriptions are on the increase. Why the large increase in the sale of patent remedies? Articles like the above are responsible and until our friends find themselves therapeutically, conditions with them will grow worse. Fortunately for humanity, the bulk of the profession seek therapeutic relief elsewhere and do not depend upon

the Council on Pharmacy and Chemistry for it. It is true that the clinician finally determines the value of a remedy and his deductions often persist after it is condemned by the physiologist and chemist. Many remedies, though condemned by the council, are being used daily by the clinician, and growing in favor. All knowledge and skill are not contained within the walls of a hospital, and many fine clinicians and skilled diagnosticians have no such connection. Occasional disparaging reports from hospitals are not all to be blamed on the helpless and defenseless internes. The staff of the hospital frequently use their privileges in a perfunctory manner and retain their positions by reason of *pull* and for the reputation thus attained. The hospital management is often at fault also, and not near all the shortcomings of a hospital should be laid at the door of the interne. Personally, our own confidence in the hospital has received several hard jolts in the past few years, and we much prefer a good home and a conscientious nurse. Frequently also, the hospital is used as a booster for the chief or some other member of the staff. M.

NEWS AND NOTES.

California.

Dr. G. A. Hinton has removed from El Paso to 911 South Hill Street, Los Angeles.

Dr. S. A. Goyette has located at Groveland.

Hahnemann Medical College, of San Francisco, has offered to convey all its property to the University of California, and has proposed to cease separate instruction. Instead two professorships are to be maintained in the University of California Medical School, in homeopathic materia medica and in homeopathic therapeutics, as elective studies, the financial provision therefor to be made, for the next two years, by the homeopaths. In all other respects, students wishing eventually to become homeopathic practitioners will receive exactly the same instruction in the University of California Medical School as all of its other students.

Connecticut.

The sixtieth annual meeting of the Connecticut Eclectic Medical Association was held at the Allyn House, Hartford, May 11. The following officers elected for ensuing year: President, Jas. E. Hair; vice president, H. H. Converse; secretary, Thomas S. Hodge; treasurer, Thomas Mulligan. The next meeting will be held at New Haven, the second Tuesday in October, 1915.

District of Columbia.

Four vacancies on the Board of Medical Examiners of the District were filled April 16, by the commissioners, by the appointment of Drs. Edgar Snowden, Edgar P. Copeland, Edward H. Reede and Harry Hyland

Kerr, succeeding Drs. James F. Mitchell, Daniel S. Lamb, Frank Leech and John B. Nichols, terms expired.—Dr. George C. Ober, a member of the Board of Medical Examiners since 1896, and president of the board since 1905, resigned April 28.—Dr. Roy D. Adams has been appointed a member of the board of medical examiners of the District, vice Dr. George C. Ober, resigned.—Dr. Edgar P. Copeland has been chosen president of the regular board of medical examiners, Dr. Gregg C. Birdsall of the homeopathic board.

Florida.

A bill providing for a single board of medical examiners, in place of the three separate and independent boards, has passed the Florida legislature. The law also provides for a reregistration of all physicians and osteopaths in the State.

The Florida legislature has passed an act to protect and conserve the health and lives of school children and promote their efficiency by providing medical inspection and subsequent medical treatment. The act was signed by the governor and became a law June 4. This law was drawn up by Dr. Oliver J. Miller, health officer of Sanford, and its passage was due in great measure to his efforts. The bill provides for a thorough examination of all school children of the State, including rural schools, under the direction of the State board of health. An inspector is appointed for each county and no physician is to have more than 2,500 children under his care. The bill also provides for a sanitary survey of all school buildings and their environments. This action shows that Florida is keeping well abreast of the times on the subject of public health.

Georgia.

The Georgia Eclectic Medical Association held its annual meeting April 7 and 8, at Atlanta, in the convention hall of the Kimball House. In addition to the regular program, association was adddressed by Dr. A. G. Fort, of the Georgia Board of Health, on "Hookworm" and of the value of the oil of chelidonium in the treatment instead of thymol. The officers elect are: President, J. H. Powell, Atlanta; vice president, L. P. Baker, Atlanta; second vice president, D. H. Griffith, Atlanta; secretary, E. L. Daniel, Kirkwood; treasurer, W. J. Auten, Atlanta.

Idaho.

Dr. J. J. Herrington, of Gifford, a graduate of the American Medical College, has been appointed a member of the State board of medical examiners.

Illinois.

Illinois now supplies silver nitrate solution without cost for any obstetrical case, to prevent ophthalmia neonatorum.

The secretary of the State Board of Health has named June 16 as Health Day in the Illinois legislature. On this day in addition to giving final passage to the vital statistics bill and the bill restoring jurisdiction over old

licentiates practicing medicine or midwifery, two measures which will have an important bearing on the abortion evil in this State, the following were sent to the governor for signature: A bill for prevention of blindess from infections at birth; a bill relating to garbage disposal in small cities; a drainage bill and one relating to creation of small parks on behalf of the State Board of Health.

An analysis of the typhoid fever situation in Chicago for the first four months of 1915, shows that there were 271 cases during that period. Investigation revealed the source of the disease in 79 cases, or 29 per cent., which was as follows: Imported, 28, or 10.33 per cent.; infected by carrier, 5, or 1.85 per cent.; contact from typhoid cases, 16, or 5.9 per cent.; contracted from unpasteurized milk (one dealer), 30, or 11.07 per cent. The death rate per 10,000 of population during these months was 0.1430. The analysis further shows that the disease prevailed more largely in certain districts getting their water supply from lake stations, the water from which shows either constantly or periodically considerable colon contamination. The report of the department laboratory containing the result of four years' examinations of the city water, also referred to in the Bulletin of the department, from which the above facts are taken, shows that the water from certain of the lake stations, notably the Lake View Station and the Two-Mile Crib, are contaminated usually above the average of the city supply, although there has been a general improvement at all of the stations. Chemical treatment of the water has been begun at some stations. Sewage from north shore towns seems to be the source of contamination of the water of the north shore, as revealed by a survey made by the department in connection with the North Shore Sanitary Association.

Indiana.

Several county medical societies in Indiana make contracts with the proper authorities for doing county pauper medical work. Noble County has had such a plan in operation for a number of years and those interested report that it is eminently satisfactory. To make the plan effective the reputable physicians of the county should refuse to bid for the work except through the county medical society, and the authorities should be told that the work will be done thoroughly and well, but that the fees, while less than customarily charged, should be something more than a mere pittance. The work is then divided among the members of the society, each agreeing to do his share in his given locality, and where there are several physicians in one locality the work is divided equally—generally by having it understood that one doctor shall do the poor practice for a certain period and be succeeded by another doctor who does it for a like period, and so on until the contract is fulfilled. Payment for the services is made direct to the medical society and the amount is prorated among the members, or, as is the practice with some societies, the amount is used for maintaining a medical library, club rooms, or for giving the members

their wives some social entertainment. The advantages of the plan are that it does away with the objectionable bidding for the work, often with attending bids so low that only the most incompetent physicians compete for the work, with corresponding unfairness to the worthy poor who are deserving of better treatment. It also places the pauper practice on a little higher plane in all particulars, with corresponding benefit.—*Journal of the Indiana State Medical Association.*

The Indiana Society met in Indianapolis, May 11 and 12. A good meeting was reported. The officers elected were George C. Porter, M.D., president; Henry Carter, fist vice-president; W. W. Tindall, second vice-president; Fred Z. Hosman, secretary; Chas. A. Tindall, treasurer. Next meeting, Indianapolis, May, 1916.

Dr. J. V. Stevens has removed from Wisconsin to Spencer.

Maine.

The osteopaths were defeated in their attempt to have a board of registration of their own. This bill has been presented at every meeting of the legislature for the past several years and with a strong lobby has received great support. Very fortunately the medical profession has several men in the upper and lower house who were able to muster enough support to defeat the measure again.

Massachusetts.

Dr. Michael Chirurg has removed from New York to Newton Centre.

Massachusetts legislature, in the session just closed, passed an amendment to the medical practice act, which requires that all applicants for registration as physicians in the State must furnish to the licensing board satisfactory proof that they have received the degree of doctor of medicine, or its equivalent, from a legally chartered medical school.

Michigan.

The thirty-eighth annual meeting of the State Eclectic Medical and Surgical Society was held at Grand Rapids, June 2. Members were elected and the attendance was larger than usual. Dr. V. L. Bell entertained the society at his home in the evening. The officers elected for the coming year are: President, V. L. Bell, Grand Rapids; vice-president, H. A. Shafor, Detroit; secretary, Joseph E. G. Waddington, Detroit; treasurer, F. B. Crowell, Lawrence.

Minnesota.

The Bureau of Vital Statistics of Minnesota has been discontinued for lack of funds. Minnesota has acquired a good reputation for progressive work in economics. What can the matter be?

Missouri.

The State society held its forty-sixth annual session at the Marquette Hotel, St. Louis, May 18. They report a good harmonious session.

Officers elected for the following year are: President, Jesse R. Barry, Carterville; first vice president, John Wagner, Greenville; second vice president, G. D. Harris, Jamesport; third vice president, W. W. Martin, Kirksville; secretary, B. J. Wiesner, St. Louis; corresponding secretary, E. E. Jones, Lilbourn; treasurer, A. W. Davidson, Poplar Bluff. Delegate to the National, Lillian G. Blanchard, St. Louis. Next place of meeting, Kansas City.

The Supreme Court of Missouri rendered a decision, June 1, upholding the right of the State Board of Health to revoke licenses of physicians who write prescriptions for liquor in "dry" counties. The case before the court was that of Dr. A. M. Conway, Columbus, who is reported to have written 778 prescriptions for liquor during February and March, 1910, and is said to have received 25 cents each for these prescriptions, which contain no ingredients except whisky. This case was tried in the Boone County Court and resulted in conviction and a short time later the State Board of Health revoked the license of Dr. Conway and an appeal was taken to the Supreme Court with the result as stated above.

Nebraska.

The Nebraska society held its fortieth annual session at Lincoln, May 12-13. A good meeting is reported and the addition of several new members. The officers elected for the ensuing year are: President, W. D. Guttery; secretary, J. N. Campbell; treasurer, E. J. Latta.

Dr. H. W. McFadden has located at Greenwood.

Dr. J. D. Case has been appointed State health inspector and removed to Lincoln.

Dr. Angus has removed from Brighton, Colo., to Omaha.

Beginning with the fall semester of 1916, the Lincoln Medical College will require two years' collegiate work as the minimum entrance qualification.

Announcement is made that a bill is to be introduced into the Nebraska legislature permitting graduates of the medical department of the State University and of Creighton University to practice in the State without the formality of an examination by the examining board.—*Medical Record.*

New Jersey.

The forty-first annual meeting of the New Jersey Society was held in Newark, May 26. A good meeting is reported and the addition of several new members. The fall meeting of the society will be held at Newark, October 26, 1915.

From and after the first day of July, 1919, no person shall be admitted to examination for license to practice medicine or surgery, unless he shall present to said board a certificate from the commissioner of education of this State, showing that in addition to, and subsequent to, obtaining the preliminary and academic education above mentioned, i. e., an academic

education consisting of a four year's course of study in an approved public or private high school, or the equivalent thereof, and prior to commencing his or her study in a medical college, he or she has completed a satisfactory course of one year in a college or school of art and science approved by the commissioner of education of this State, during which year he or she has studied either French or German, and also chemistry, physics and biology.

From and after the first day of July, 1920, no person shall be admitted to examination for license to practice medicine or surgery, unless he shall present to said board a certificate from the commissioner of education of this State, showing that in addition to, and subsequent to, obtaining the preliminary and academic education mentioned in the first paragraph of this section and prior to commencing his or her study in a medical college he or she has completed a satisfactory course of two years in a college or school of art and science approved by the commissioner of education of this State, during which two years he or she has studied either French or German; and also chemistry, physics and biology.

Every applicant for admission to examination for a license to practice medicine or surgery shall, in addition to the above requirements, prove to said board that he has received a diploma conferring the degree of doctor of medicine from some legally incorporated medical college of the United States, which college, in the opinion of said board, was in good standing at the time of the issuance of said diploma.

After the first day of July, 1916, such applicant shall, in addition to the above requirements, further prove to said board that after receiving such degree, diploma or license; he has served as an interne for at least one year in a hospital approved by said board.

This board will not consider a course of lectures in which the applicant has been conditioned in more than one subject satisfactory, unless these conditions shall have been passed off before entering a subsequent course. If the student be conditioned in a number of subjects sufficient to prevent him advancing to a higher grade in the same college, that year will not be considered as one of the four courses required by this board, even though at another college he be allowed to enter an advanced class; but he must take that entire year over, whether at the college where he failed or at another one.

New York.

Dr. Michael Chirurg has removed from New York to Newton Centre, Mass.

The regular monthly meeting of the Eclectic Medical Society of the County of New York was held at the Park Avenue Hotel, April 15, 1915. Dr. Von Unruh was the principal speaker, subject, Tuberculosis. Dr. Meyer also read a paper on "Whence originates the pain of Pneumonitis."

Dr. H. Rosahnsky has moved to 1580 Eastern Parkway, Brooklyn, N. Y.

Dr. Geo. W. Boskowitz has removed to 260 W. 86th Street.

Dr. Samuel A. Lewin has removed to 5 Pinehurst Avenue.

Dr. S. R. Schultz is located at 620 West 150th Street.

Dr. Otto von Huffman has resigned as secretary of the State Board of Medical Examiners to become secretary of the faculty and executive officer of Long Island College Hospital, Brooklyn, succeeding Dr. Joseph H. Raymond, deceased. The resignation was accepted by the State Board of Regents, to take effect September 1.

Announcement was made May 3, that Columbia University is to build one of the largest medical teaching institutions in the world on a part of the site recently purchased by the Presbyterian Hospital which included the old American League Baseball grounds. The Columbia share in the project will be about $7,500,000. The project includes a new medical school to replace the present College of Physicians and Surgeons, the removal of the Presbyterian Hospital from the east side to a new site and the establishment of an institution for research, all of which will be accomplished within five years.

Willis Sharpe Kilmer has presented a fully equipped pathologic laboratory to the Binghamton City Hospital, and has agreed to maintain it for a term of years. The Binghamton Academy of Medicine, at its meeting June 15, voted to express to Mr. Kilmer the appreciation of the society for his gift.

Ohio.

Thirteen of the recent class of twenty-six graduates of the Eclectic Medical College, Cincinnati, have received interneships.

Dr. Carll S. Mundy has been appointed city epidemiologist in Toledo.

The House of Representatives on April 15 passed the Deaton bill which requires that physicians report to local health authorities all inflammations of the eyes of newborn infants within six days. The bill carries the appropriation of $5,000 and 50 cents is to be paid for each report of a case.

Governor Willis has affixed his signature to the Hoy bill, a feature of which is the provision which gives physicians who feel aggrieved by the action of the State Medical Board right to review in the courts. The bill will become a law in ninety days from its passage.

At last the palatial hospital for the criminally insane, at Lima, O., has been opened. It cost two million dollars.

Under the new rules governing the work of the epidemiologist, communicable disease nurses and sanitary inspectors of the State will be given instructions that they are under no circumstances to "interfere with or criticize the treatment or diagnosis of the attending physicians."

Governor Willis has signed the bill by Representative Sprague, of Scioto County, authorizing the State Medical Board to examine and license professional nurses.

Summit, Portage, Mahoning, Stark and Columbiana Counties, Ohio,

have jointly established the Springfield Lake Tuberculosis Sanatorium. It has just been opened.

Chiropodists, masseurs, mechano-therapeutists and manual method practitioners under the new Ohio law, if they have practiced in the State five years or more will be permitted to secure licenses on affidavit and payment of $25. After October 1, 1915, persons seeking to begin practice must undergo an examination in anatomy, physiology, chemistry, bacteriology, pathology, hygiene and diagnosis. Masseurs and those giving Swedish movements are exempted from the examination in diagnosis and pathology. The State Medical Board is given power to examine and approve colleges and schools giving instruction to students in the various branches of the limited practice.

A Cleveland judge settled a case by allowing the druggist to pay for the cure of a patient who had contracted the morphine habit.—*O. S. M. J.*

Dr. Ben McClellan, of Xenia, was, on April 26, appointed by Governor Willis to membership on the State Medical Board, to succeed Dr. A. Ravogli, of Cincinnati.

A health survey of Springfield has been commenced by Asst. Surg. L. R. Thompson, and Sanitary Engineer R. E. Tarbett, U. S. P. H. S.—Surg. Carroll Fox, U. S. P. H. S., has completed his health survey of Toledo and returned to Washington.

After a successful test of the method by Health Officer Daniel W. Iford, Toledo, the city health board has adopted the plan of room quarantine in infectious diseases, and an order has been issued giving detailed quarantine instructions under this method of handling infections. This places the afflicted person in charge of a nurse or other member of the family who must be completely isolated from the other members. The latter are allowed to pursue their usual occupations.

Dr. Cloyce Wilson has been elected president of a new medical organization, the Cincinnati Medical Society. Its object is to bring together young physicians who are not affiliated with the Southwestern Eclectic Medical Association, but who wish to have membership in a society in which questions are discussed of particular interest to young men. An especial effort will be made to enlist members of the graduating classes of the Eclectic Medical College. However, the organization is non-sectarian, and any young reputable medical man is welcome. Dr. A. J. Nunnamaker was chosen secretary.

Public health nurses may not be legally employed by municipal boards of health in Ohio. Attorney General Turner so holds in an official ruling to the State Board of Health. During the past two or three years, in many of the cities of the State, the local health boards have appointed so-called health nurses. Recently, the question was raised as to the authority of council to appropriate funds for the employment of such nurses. In case that a house or other place is quarantined on account of contagion, the

board of health may provide food, fuel, medical attention and nurses, but nurses may not be employed for general and permanent work. If public nurses are a necessity, the legislature should be asked for authority to employ them, according to the attorney general.

Homeopathic physicians of the country, principally of Ohio, have subscribed $30,000 for the erection of a hospital on the Ohio State University grounds, to form a part of the college of homeopathic medicine of the university. The old dormitory near the Neil Avenue entrance to the university grounds is now used for that purpose and has been equipped by the Homeopathic physicians at a cost of about $7,000. The new building is expected to cost $50,000, and plans are being made to start construction in September.

On July 1, the Ohio State Board of Health established a department for the study of child hygiene.

It is a pleasure to chronicle the vetoing, by Governor Willis, of the iniquitous House Bill No. 132, designed to regulate the sale and dispensing of narcotics at the expense of the physicians and in the interest of the pharmacists. It was decided very properly the Federal authorities shall be afforded every opportunity to enforce the Harrison Anti-Narcotic law, and so the bill mentioned was vetoed. House Bill No. 305 was introduced in the legislature early in the session, and it was in complete harmony with the Harrison law. But it did not quite suit the druggists, and so a pliant legislature accommodated them and passed Bill No. 132. One of its provisions was that "whoever sells, barters, furnishes or gives away, directly or indirectly, or has in his possession for the purpose of selling, bartering, furnishing or giving away any narcotic drugs, except upon the original written prescription of the physician, shall be fined," etc. In other words, while permitting the selling of certain proprietaries by druggists, every physician was constrained under penalty from dispensing any narcotic drug, including chloral hydrate; by great condescension he was permitted to write a prescription, which had to be filled in a drug store. Imagine an emergency case, several miles from a pharmacist, in the night time, when a human life is in the balance, and then picture to yourself the danger you have escaped by the vetoing of that bill by the governor! This journal wants to give honor to whom honor is due, and hereby thanks the *Medical World* for preventing the signing of the bill. The editor of the *World* wrote to every medical journal in the State (including the *Ohio State Medical Journal, which was for the bill*), to many leaders in the profession, to members of the legislature; and finally, used every legitimate means at his disposal to induce the governor to veto the bill. He deserves the lasting gratitude of the Ohio medical profession.—*Cincinnati Medical News.*

On July 6, the Ohio State Medical Board formulated application blanks for optometrists, chiropractors and all other drugless healers. According to the new law, optometrists who have practiced five years are entitled

to registration without examination. All others who have been practicing one year must apply for an examination and pay a fee of $25. The time and extent of the examination will probably be announced October 1.

Following the lead of various Western States, the Ohio State Board of Health began the manufacture of diphtheria antitoxin for free distribution July 1. Laboratory equipment for this was installed in the Ohio State University. Dr. E. F. McCampbell, secretary of the board, has been authorized to employ an expert chemist to have charge of the work. An appropriation for the salary was made by the legislature. It is believed that the State can make antitoxin cheaper than it can be purchased from private firms.

Oklahoma.

The Oklahoma Eclectic Medical Association held "the best one ever," May 4-5, at Oklahoma City. Good feeling prevailed and everybody felt that it was good to be there. The officers elected are as follows: President. T. C. Leachman, M.D., Richmond; vice president, L. L. Cole, M. D., Lawton; treasurer, W. M. King, M.D., Oklahoma City; secretary, D. E. McCarty, M.D., Soper. The next place of meeting, Tulsa.

E. G. Sharp, of Guthrie, and T. L. Sharp, of Orlando, were elected delegates to the National Association and motored to San Francisco.

Dr. D. E. McCarty has removed from El Reno to Soper.

Dr. W. T. Ray, of Gould, was appointed a member of the Board of Medical Examiners and Dr. W. M. Gray, of Mountain View, reappointed on the same board.

Governor Williams has appointed the following Board of Medical Examiners: Dr. Ralph V. Smith, Tulsa, secretary; and Drs. Le Roy Long, McAlester; B. L. Denison, Garvin; Ernest B. Dunlap, Lawton; William T. Ray, Gould; Melvin Gray, Mountain View; and William L. Bonnell, Chickasha.

Pennsylvania.

Dr. C. J. Johnstonbaugh, of Bethlehem, has been reappointed a member of the Board of Medical Education and Licensure.

On May 1, Governor Brumbaugh announced that he had vetoed the Daix optometry bill, which would establish a separate bureau to license optometrists, holding that he sees no reason why the practitioners should not place themselves under the State Bureau of Medical Licensure. The bill was one of the early ones presented to the legislature, having been introduced on February 8. It was passed in April and recalled from the governor for amendment on April 15. Five days later it was amended and passed and again vetoed.

An authentic report has been received from the Jefferson Medical College stating that after January 1, 1916, excepting for those students who take the premedical year in that college, two years of collegiate work, including courses in physics, chemistry, biology and French or German, will be required for admission.

Tennessee.

Dr. James Harvill Hite has finished his interneship at Cumberland Street Hospital, Brooklyn, N. Y., and returned to his home at Nashville.

The Tennessee Society held its annual meeting at Nashville, May 25-26. The officers elect are: President, J. P. Harvill, Nashville; first vice president, J. H. Hite, Nashville; second vice president, E. M. Cherry, Big Rock; recording secretary, J. O. Cummins, Nashville; corresponding secretary, Ivadell Rogers, Lawrenceburg; treasurer, G. M. Hite, Nashville. Next meeting to be held at Nashville, May, 1916.

Legislation recently obtained provides for a board of preliminary examiners to examine all applicants for license to practice the healing art as to their literary qualifications. Unless candidates are found to be duly qualified, they will not be permitted to take the examination for license to practice. The board consists of three members, and those appointed, respectively, for six, four and two years, are Profs. I. S. Hudson, Nashville; C. C. English, Bristol, and J. W. S. Rhea, Memphis. All members thereafter will be appointed to serve for a term of six years.

Texas.

Dr. G. N. White has removed from Higgins to Sierra Blanca.

G. A. Hinton, M.D., has removed from El Paso to 911 S. Hill Street, Los Angeles, Cal.

The Texas Society meet at Dallas in October. We trust there will be a large attendance.

West Virginia.

An act passed by the last legislature provided for the new organization of the Health Department and that a new Council of Health should take the place of the old board of health. The following have been appointed members of the council: Dr. Samuel L. Jepson, Wheeling, commissioner of health, and Drs. William W. Golden, Elkins; Joseph L. Pyle, Chester; Will J. Davidson, Parkersburg, and Joseph E. Robins, Charleston, who were members of the old board; and Dr. J. S. Farmsworth, Frenchton, and Wilkin B. Stephens, Kimball, new members. The Council on Health will continue to perform the function of the old board as an examining board.

Miscellaneous.

At the recent meeting of the Ohio State Medical Board, 140 physicians were granted licenses, and three failed; fifteen osteopaths, two failed.

Every one of the nineteen graduates of the Eclectic Medical College passed with averages ranging from 88 per cent. to 75 per cent. They are as follows: L. E. Daugherty, J. Schwartz, L. D. Miller, F. C. Callaway, C. G. Hissong, B. L. Englerth, R. S. Postle, L. A. Hays, H. E. Gibson, H. A. Bennett, S. E. Eagon, H. R. Yost, Ugo Sissa, C. F. Yauman, C. J. Schirack, F. D. Postle, J. F. Conner, R. E. Powers, W. H. Gaskins.

The average of our nineteen men was 83.07 per cent.; nineteen graduates of the Ohio-Miami, 82.2 per cent. Eighteen Columbus Homeopathic, 82.05 per cent, one failure.

An unusual number of new students are matriculating in advance for the next session, which opens September 16, 1915.

Infection in tuberculosis results from close and perhaps prolonged association with some individual suffering from the disease. The nearness to the individual is not important, although droplet infection from forceful coughing is more apt to occur if contact is close; but the mere occupancy of a room, previously used by a consumptive who has been careless in the disposal of his sputum, is sufficient. Heat, poor ventilation and lack of sunlight increase the liability of infection, dust also acting deleteriously. Under ordinary conditions dishes are probably not responsible for the spread of the disease, but blankets and soiled or imperfectly cleaned linen may be an important source of infection.—Ernest A. Sweet, *Public Health Reports,* April 9, 1915.

Prof. Friedrich Loeffler, aged sixty-three, discoverer of the diphtheria bacillus, director of the Institute for Infectious Diseases at Berlin, died in May.

The same vice committed at sixteen, is not the same, though it agrees in all other circumstances, at forty; but swells and doubles from the circumstance of our ages.—*Religio Medici.*

America has loyally accepted all that Europe has sent her, acknowledging the superior culture of the Old World. Realization is coming to some of us that we are at least a century ahead in all that counts for the progress of humanity.

A correspondence health course is announced by the University of Wisconsin Extension division. This course has been prepared to meet the need and desire frequently expressed for better preparation for local health administration. It is designed for health officers not able to pursue or warranted in taking residence work, as well as for others desiring to take up the study of health administration.

According to the 1913 report of the Census Bureau, nine diseases cause more than half the deaths in the registration area comprising 65 per cent. of the population of the country. The diseases and number of deaths are as follows: Tuberculosis, 93,421; heart diseases, 93,142; pneumonia, 83,778; nephritis, 65,106; diarrhea and enteritis, 57,080; cancer, 49,928; cerebral hemorrhage, 47,220; diphtheria, 11,920, and typhoid, 11,323.

The Secretary of the Treasury has issued an announcement that hereafter civil employees of the Federal government, whose duties require them to perform interstate travel or who are regularly engaged in the handling of mail or other material in interstate traffic, may receive vaccination against smallpox or typhoid fever without cost. They will apply to persons designated by the Public Health Service for vaccination.

Some of our readers are favoring us with newspaper clippings indicating the very patent desire on the part of some doctors to secure publicity and notoriety through publication of case reports. An interesting feature is found in the frequency with which certain doctors secure newspaper publicity, and this points to but one conclusion and that is that the doctor whose name frequently appears in the lay press in connection with case reports has made an effort to secure such publicity. There is not one newspaper editor in five hundred who will not respect a doctor's request to refrain from mentioning the name of the attending physician when reporting cases that, in the eyes of the newspaper man, are deemed of interest to the public. Occasionally a doctor may be given undue publicity without the doctor's knowledge or consent, but when it occurs regularly it is a safe bet that the doctor himself is responsible for it and courts publicity.—*Indiana State Medical Journal.*

OBITUARIES.

Bell, William, United States Medical College, New York City, 1880, member of the Michigan State Eclectic Medical Society, at his home in Belding, Mich., May 1, aged sixty-eight.

Bridinger, Jacob, accidentally, at his home in Tiffin, Ohio, June 4, aged seventy-two.

Carter, William H., American Medical College, St. Louis, 1880, at his home in Altoona, Iowa, April 9, aged seventy-five.

Dickey, Ross V., Eclectic Medical Institute, Cincinnati, county physician of Allen County, Ohio, and a member of the Ohio State and National Eclectic Medical Association, at his home in Lima, Ohio, June, 1915, aged forty-seven.

Gants, John, Eclectic Medical Institute, Cincinnati, 1872, at his home in Cromwell, Ind., June 2, aged eighty-two.

Hubbell, Philo C., Eclectic Medical Institute, Cincinnati, 1871, at his home in Syracuse, N. Y., April 12, aged seventy-two.

Hutchings, George Henry, Eclectic Medical College of the City of New York, 1884, at his home in Woburn, Mass., May 30, aged seventy-four.

Jones, William Allen, Eclectic Medical Institute, Cincinnati, 1880, of Plumerville, Ark., in Little Rock. Ark., April 18, aged fifty-five.

Kerstan, August T., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1879, at his home in Berne, Ark., July 6, aged seventy-seven.

Kinney, John Fenton, Indiana Eclectic Medical College, 1882, at his home in Idaho, O., April 27, aged sixty-three.

Lenhart, John Jordon, Eclectic Medical Institute, Cincinnati, 1871, at his home in Bemus Point, N. Y., March 26, aged seventy.

Matthews, Edna Thompson, Eclectic Medical Institute, 1892, at Dayton, Ohio, May 5, aged fifty-seven.

McAfee, William W., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1905, at his home in Atlanta, Ga., April 24, aged forty-nine.

Porter, Charles Sumner, Iowa Eclectic Medical College, Des Moines, 1889, at Creston, Iowa, April 29, aged sixty-one.

Rauch, William, Eclectic Medical Institute, Cincinnati, 1882, a member of the Pennsylvania and National Eclectic Medical Associations, at his home in Johnstown, Pa., April 19, aged fifty-five.

Small, James, American Medical College, St. Louis, 1880, at his home in Steedman, Okla., April 18, aged seventy-three.

Smith, William F., Eclectic Medical Institute, Cincinnati, 1886, at Evansville, Ind., February 19, aged sixty-one.

Sober, Warren R., Eclectic Medical Institute, Cincinnati, 1875, of Clare County, Mich., at the home of his son in Three Rivers, Mich., June 17.

Stetson, Robert H., Bennett Medical College, Chicago, 1878, at his home in Roswell, N. M., April 21, aged seventy-two.

Yarbrough, K. C., Eclectic Medical University of Kansas City, Mo., 1905, at his home in Dallas, Texas, aged sixty-three.

NATIONAL ECLECTIC MEDICAL ASSOCIATION MEETS AT CEDAR POINT, OHIO, JUNE 20-23, 1916.

OFFICERS.

President.—T. D. Adlerman, M.D., 910 St. John's Place, Brooklyn, N. Y.

First Vice-President.—B. W. Mercer, M.D., Tiffin, Ohio.

Second Vice-President.—F. M. Andrus, M.D., 114 N. 13th Street, Lincoln, Neb.

Third Vice-President.—A. J. Atkins, M.D., 714 Pine Street, Los Angeles, Cal.

Recording Secretary.—William P. Best, M.D., 2218 E. Tenth Street, Indianapolis, Ind.

Corresponding Secretary and Editor of the QUARTERLY.—W. N. Mundy, M.D., Forest, Ohio.

Treasurer.—E. G. Sharp, M.D., Guthrie, Okla.

NATIONAL COMMITTEES.

On Conference with Homeopaths—J. K. Scudder, M.D., chairman, Cincinnati, Ohio; J. P. Harvill M.D., Nashville, Tenn.; R. L. Thomas, M.D., Cincinnati, Ohio.

On Grievances—W. S. Glenn, M.D., chairman, State College, Pa.; C. E. Buck, M.D., Boston, Mass.; G. S. Porter, M.D., Linton, Ind.; Frank Webb, M.D., Bridgeport, Conn.

On Credentials—H. Stoesser, M.D., chairman, Brooklyn, N. Y.; J. Stevenson, M.D., Ft. Smith, Ark.; O. C. Welbourn, M.D., Los Angeles, Cal.

On Finance—J. C. Mitchell, M.D., chairman, Louisville, Ky.; B. K. Jones, M.D., Kenton, Ohio; E. J. Dech, M.D., Easton, Pa.

On Necrology and History—H. W. Felter, M.D., chairman, Cincinnati, Ohio; Prof. J. U. Lloyd, Cincinnati, Ohio; H. Harris, M.D., New York, N. Y.

On Press—Wm. N. Mundy, M.D., chairman, Forest, Ohio; V. L. Bell,

M.D., Grand Rapids, Mich.; J. K. Scudder, M.D., Cincinnati, Ohio; J. V. Conover, M.D., Elmer, N. J.

On Audit—J. C. Mitchell, M.D., chairman, Louisville, Ky.; H. H. Blankemeyer, M.D., Aransas Pass, Texas; G. O. Hulick, M.D., East St. Louis, Ill.

On Publicity, Pamphlets, etc.—J. K. Scudder, M.D., chairman, Cincinnati, Ohio; Prof. J. U. Lloyd, Cincinnati, Ohio; F. L. Wilmeth, M.D., Lincoln, Neb.

On Medical Colleges—Wm. C. Best, M.D., chairman, Indianapolis, Ind.; Wm. N. Mundy, M.D., Forest, Ohio; J. K. Scudder, M.D., Cincinnati, Ohio; F. L. Wilmeth, M.D., Lincoln, Neb.; B. E. Dawson, M.D., Kansas City, Kansas.

Legislative Committee—Wm. N. Mundy, M.D., Chairman, Forest, Ohio; J. K. Scudder, M.D., Cincinnati, Ohio; E. S. Spindell, M.D., Springfield, Ill.

Committee on Organization—

Arkansas—L. L. Marshall, Little Rock.
California—H. Ford Scudder, Los Angeles.
Canada—J. Gorden Bennett, Halifax.
Colorado—W. O. Patterson, Pueblo.
Connecticut—T. S. Hodge, Torrington.
Cuba—Frank Tudela, Guantanamo.
Florida—J. M. Mann, Lake Butler.
Georgia—J. H. Goss, Decatur.
Idaho—Russell Truitt, Cottonwood.
Illinois—G. O. Hulick, East St. Louis.
Indiana—H. E. Vitou, South Bend.
Iowa—W. W. Maple, Des Moines.
Kansas—E. K. Lawrence, Pawnee Rock.
Kentucky—T. A. E. Evans, Farmers.
Maine—A. Fossett, Portland.
Maryland—Geo. W. Fisher, Baltimore.
Massachusetts—C. E. Buck, Boston.
Michigan—H. Shafer, Detroit.
Minnesota—F. E. Hufnail, Minneapolis.
Mississippi —
Missouri—B. J. Wiesner, St. Louis.
Nebraska—E. J. Latta, Kenesaw.
Nevada—J. P. Martin, Reno.
New Hampshire—L. P. Massicotte, Keene.
New Jersey—G. E. Potter, Newark.
New York—T. D. Adlerman, Brooklyn.
Ohio—W. N. Mundy, Forest.
Oklahoma—K. P. Hampton, Sopor.
Oregon—H. L. Henderson, Astoria.
Pennsylvania—E. J. Dech, Easton.
Rhode Island—D. L. Powe, Providence.
South Dakota—W. E. Daniels, Madison.
Tennessee—J. P. Harvill, Nashville.
Texas—H. H. Blankmeyer, Aransas Pass.
Utah—C. L. Olsen, Murray.
Vermont—H. N. Waite, Johnson.
Washington—J. W. Cosford, Spokane.
Wisconsin—J. R. Brewer, Jefferson.
Wyoming—T. A. Dean, Casper.

SECTIONS.

Section 1, Practice—E. H. Stevenson, M.D., chairman, Ft. Smith, Ark.; C. M. Chandler, M.D., vice-chairman, Salt Lake City, Utah; J. C. Mitchell, M.D., secretary, Louisville, Ky.

Section 2, Surgery—E. B. Shewman, M.D., chairman, Cincinnati, Ohio; L. Lanzer, M.D., vice-chairman, Brooklyn, N. Y.; W. L. Heeve, M.D., secretary, Brooklyn, N. Y.

Section 3, Materia Medica—H. W. Felter, M.D., chairman, Cincinnati, Ohio; N. M. Glenn, M.D., vice-chairman, State College, Pa.; J. P. Harvill, M.D., secretary, Nashville, Tenn.

Section 4, Obstetrics—H. H. Helbing, M.D., chairman, St. Louis, Mo.; Pina M. Welbourne, M.D., vice-chairman, Los Angeles, Cal.; F. M. Bettencourt, M.D., secretary, Mart, Texas.

Section 5, Public Health—H. Shafor, M.D., chairman, Detroit, Mich.; G. E. Potter, M.D., vice-chairman, Newark, N. J.; M. E. Daniel, M.D., secretary, Honey Grove, Texas.

Section 6, Nervous and Mental Diseases—W. E. Postle, M.D., chairman, Shepard, Ohio; F. S. Peck, M.D., vice-chairman, Oklahoma City, Okla.; F. E. Hufnail, M.D., secretary, Minneapolis, Minn.

Section 7, Gynecology and Orificial Surgery—B. E. Dawson, M.D., chairman, Kansas City, Mo.; J. S. Hagen, M.D., vice-chairman, Cincinnati, Ohio; M. B. Pearlstien, M.D., secretary, Brooklyn, N. Y.

Section 8, Pediatrics—Emile Brunor, M.D., chairman, New York City; G. C. Porter, M.D., vice-chairman, Linton, Ind.; W. N. Mundy, secretary, Forest, Ohio.

Section 9, Pathology—C. L. Johnstonbaugh, M.D., chairman, Bethlehem, Pa.; H. L. Henderson, M.D., vice-chairman, Astoria, Oregon; J. M. Wells, M.D., secretary, Vanceburg, Ky.

Section 10, Genito-Urinary Diseases—G. O. Hulick, M.D., chairman, East St. Louis, Ill.; B. C. Minkler, M.D., vice-chaiman, Des Moines, Iowa; C. E. Laws, M.D., secretary, Ft. Smith, Ark.

Section 11, Ophthalmology—J. C. Solomon, M.D., chairman, Los Angeles, Cal.; J. H. Powell, M.D., vice-chairman, Atlanta, Ga.; R. C. Heflebower, M.D., secretary, Cincinnati, Ohio.

NEW APPLICATIONS FOR MEMBERSHIP TO NATIONAL, MAY 20, 1915, TO AUGUT 20, 1916.

INDIANA.

Carter, Emerson, Bringhurst.
Hammond, Mart, Mooreland.
McCabe, J. E., Buck Creek.

OKLAHOMA.

Cole, L. L., Lawton.
Collins, A. H., Tulsa.
Sanders, D. C., Boswell.
McDaniel, J. S., Hazel.

KENTUCKY.

Acton, T. J., Eubanks.
Helmbold, August, Newport.

CONNECTICUT.

White, R. L., New Canaan.

MISSOURI.

Dodson, John F., Kirksville.
Sattler, Georgia B., St. Louis.

NEBRASKA.

Burke, W. A., Omaha.
Doher, T. L., Hubbell.
Gill, J. W., Chambers.
Humphrey, H. H., Daykin.
Kidder, C. W., Holstein.
Kurtz, Harriett, Lincoln.
Nichols, Robert, Omaha.
Pfeiffer, Ernest, Ruskin.
Wagner, G. H., Doniphan.

GEORGIA.

Daniel, E. L., Kirkwood.
Whitfield, C. E., Woodstock.

NEW JERSEY.

George, Phillip R., Paterson.
Newman, Arthur L., Paterson.

MICHIGAN.

Hawkey, J. W., Bloomingdale.

IOWA.

Brown, William E., Cedar Rapids.
Fleming, N. A., Lebanon.
Hammer, T. B., Des Moines.
Parriott, Chas. C., Essex.
White, J. H., Des Moines.

LOUISIANA.

Jones, F. P., Leesville.

OREGON.

McKenney, E. D., Union.

CALIFORNIA.

Allen, Orah K., Los Angeles.
Baber, Kenneth P., Los Angeles.
Clark, John M., Los Angeles.
Ervin, Chas. H., Los Angeles.
Evans, H. R., San Bernardino.
Garland, Jas. A., Los Angeles.
Haight, L. L., Los Angeles.
Rauch, Laura E., Los Angeles.
Sassa, John A., Los Angeles.
Shastri, Keshava D., Los Angeles.

MASSACHUSETTS.

Avery, Geo. W., Boston.
Bolan, Harrie R., East Boston.
Becker, Ernest R., Somerville.
Brodbridge, H. N., Brighton.
Bennison, Raymond E., Boston.
Brooks, Wm. G., Boston.
Bruninghouse, C. E., Worcester.
Cowan, Clyde R., East Boston.
Carter, Elmer W., Haverhill.
Boucher, A. J., Boston.
Dickerman, Chas., Somerville.
Dunsmore, Harrie V., Boston.
Fennessy, Wm. C., Jamaica Plain.
Ginsburg, Joel, Roxbury.
Haines, Geo. A., Chelsea.
Langley, Mabel A., Boston.
Laslett, W. L., Boston.
MacDonald, Freeman W., Boston.
Nicholls, Melvin H., Melrose.
Proctor, Burton H., Boston.
Sartwell, J. Oliver, Salem.
Wiswell, Thomas A., Falmouth.
Turner, L. Curtis, Boston.
Brown, Dale, Boston.
Perkins, Geo. E., Boston.
Smith, John H., Boston.

SOCIETY CALENDAR.

1. National Eclectic Medical Association—President, T. D. Adlerman, 910 St. Johns Place, Brooklyn, New York; Secretary, Wm. P. Best, Indianapolis, Indiana. Cedar Point, Ohio, June 20-23, 1916.

2. Albany and Saratoga District Medical Society.

3. American Eclectic Materia Medical Association. President, R. B. Taylor, Columbus, Ohio; Secretary, A. W. Smith, Berwyn, Ill.

4. Arkansas Eclectic Medical Society. President, Adolph Jernigan, Tuckerman; Secretary, Geo. T. Jackson, Little Rock, June, 1916.

5. Atlanta Eclectic Medical Society. President, J. Q. Brantley; Secretary, S. L. Katzoff, Atlanta, Ga.

6. Boston District Eclectic Medical Association. President, Geo. E. Pool, Sherbourn.

7. Brooklyn Therapeutic Society. Secretary, J. Steele, 96 Monitor Street, Brooklyn. Quarterly.

8. California Eclectic Medical Society. President, Chas. Clark, San Francisco; Secretary, H. Ford Scudder, Los Angeles, San Francisco.

9. Central New York Eclectic Medical Society. Secretary, J. H. Terpenning, Fulton; L. B. Gardiner, Geneva.

10. Chicago Eclectic Medical and Surgical Society. Monthly.

11. Colorado Eclectic Medical Society. President, J. A. Dungan, Greeley; Secretary, Geo. H. Candlin, Eaton.

12. Connecticut Eclectic Medical Society. President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually.

13. Dayton Eclectic Medical Society. President, E. E. Bechtell; Secretary, J. F. Wuist. Third Friday of each month.

14. Doctors Club, St. Louis. President, E. P. Waterhouse; Secretary, A. F. Stephens.

15. Eclectic Medical Society of the City and County of New York. President, H. Harris; Secretary, J. Berkenhauser, 216 East 17th Street, New York City. Third Thursday of each month.

16. Florida Eclectic Medical Association.

17. Ft. Wayne Eclectic Medical Society. President, G. A. Barry; Secretary, J. E. Morris. Monthly.

18. Georgia Eclectic Medical Association. President, John H. Powell, Atlanta; Secretary, E. L. Daniel, Kirkwood. Atlanta, 1916.

19. Illinois Eclectic Medical Association. President, J. P. Bennett, Chicago; Secretary, Geo. O. Hulick, East St. Louis. Chicago, May, 1916.

20. Indiana Eclectic Medical Association. President, G. E. Porter, Linton; Secretary, F. L. Hosman, Indianapolis. Indianapolis, May, 1916.

21. Iowa Eclectic Medical Society. President, H. S. Huckins, Des Moines; Secretary, B. C. Minkler, Des Moines, May, 1916.

22. Kansas Eclectic Medical Association. President, Jay Baird, Coffeyville; Secretary, E. K. Lawrence, Pawnee Rock. Emporia, 1915.

23. Kansas City Medical Society. Semi-monthly.

24. Kentucky Eclectic Medical Society. President, J. L. Richardson, Ashland; Secretary, Lee Strouse, Covington. Louisville, 1916.

25. Kentucky Central Auxiliary. President, J. H. Shultz, Jeffersonville; Secretary, T. A. E. Evans, Farmers.

26. Kentucky Eastern Auxiliary. President D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton.

27. Kings County Eclectic Medical Society. President, Theo. D. Adlerman; Secretary, A. B. Wolf, 968 Forest Avenue, Brooklyn, N. Y.

28. Los Angeles County Eclectic Medical Society. President, O. C. Welbourn, Los Angeles; Secretary, K. E. Seeburger, Los Angeles.

29. Maine Eclectic Medical Society. President, A. S. Von Sonneberg, Boston, Mass.; Secretary, Fred. W. Abbott, Taunton, Mass. Next meeting Portland, Me., May, 1916.

30. Maryland State Eclectic Medical Society President, Geo. W. Fisher, Baltimore; Secretary, F. L. C. Helm, 2757 West North Avenue, Baltimore.

31. Massachusetts Eclectic Medical Society. President, Chas. E. Buck, Boston; Secretary, Sylvania A. Abbott, Taunton. Boston, June, 1916.

32. Michigan Eclectic Medical Society. President, V. L. Bell, Grand Rapids; Secretary, J. E. G. Waddington, Detroit. Detroit, 1916.

33. Missouri Eclectic Medical Society. President, J. R. Berry, Cartersville; Secretary, B. J. Weisner, St. Louis. Kansas City, November, 1916.

34. Missouri Valley Eclectic Medical Association. John C. Story, St. Joseph.

35. Minnesota Eclectic Medical Society.

36. Monroe County Eclectic Medical Society. Secretary, Darwin Cary, 31 Grand Avenue, Rochester, N. Y.

37. Nebraska Eclectic Medical Society. Pesident, W. D. Guttery, Cartersville; J. N. Campbell, Stamford.

38. New England Medical Association. President, C. A. Pratt, Mattapan, Mass.; Secretary, F. W. Abbott, Taunton, Mass. Boston, 1916.

39. New Hampshire Eclectic Medical Society.

40. Northeastern Ohio Eclectic Medical Society. President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.

41. Northwestern Ohio Eclectic Medical Society. President, F. S. Bates, Lima; Secretary, W. F. Lehr, Arlington. Quarterly.

42. New Jersey Eclectic Medical Society. President, Geo. E. Potter, Newark; N. J.; Secretary, A. Liva, Lyndhurst. Newark, October 26, 1915.

43. New York Eclectic Medical Society. President, R. A. Toms, Kenmore; Secretary, T. D. Alderman, 910 St. Johns Place, Brooklyn. Albany, N. Y., March 22-23, 1916.

44. New York Specific Medication Club. President, M. D. Pearlstein, Brooklyn; Secretary, John Birkenhauser, 216 East 17th Street, New York City. Second Thursday of each month.

45. Northwestern Indiana Eclectic Medical Society. Secretary, W. F. Smith, Huntington.

46. Ohio Central Eclectic Medical Society. President, Geo. Williams, Columbus; Secretary, C. M. Deem, Columbus. Monthly.

47. Ohio Eclectic Medical Association. President, H. W. Powers, Amherst; Secretary, W. N. Mundy, Forest. Cedar Point, June 19, 1916.

48. Oklahoma Eclectic Medical Society. President, T. C. Leachman, Richmond; Secretary, D. E. McCarty, El Reno. Tulsa, May, 1916.

49. Oregon Eclectic Medical Association. Secretary, Byron F. Miller.

50. Pennsylvania Eclectic Medical Association. President, E. J. Dech, Easton; Secretary, R. E. Heacock, S. Bethlehem. Harrisburg, October, 1915.

51. Saratoga and Albany Eclectic Medical Society. Secretary, E. H. King, Saratoga Springs.

52. South Dakota Eclectic Medical Society. President, H. E. Kellogg, Madison; Secretary, W. P. Collins, Howard.

53. Southern California Eclectic Medical Association. President, O. C. Darling, Riverside; Secretary, H. C. Smith, Los Angeles.

54. Southwestern Ohio Eclectic Medical Association. President, R. C. Heflebower, Cincinnati; Secretary, Cloyce Wilson, Cincinnati.

55. San Francisco County Eclectic Medical Society. Secretary, A. Florence Temple. Meets first Thursday of each month, except July.

56. Sullivan County Eclectic Medical Society.

57. Tennessee Eclectic Medical Association. President, J. P. Harvill, Nashville; Secretary, John O. Cummins, Nashville. May, 1916.

58. Texas Eclectic Medical Association. President, W. W. Wimer, Honey Grove; Secretary, H. H. Blankmeyer, Aransas Pass. Dallas, October, 1915.

59. Vermont Eclectic Medical Association. President, J. V. H. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier.

60. Washington Eclectic Medical Association. President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle.

61. Western Ohio Eclectic Medical Association. President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly

62. Western New York Eclectic Medical Society. President, T. A. Toms, Kenmore; Secretary, E. L. Downey, Middleport.

63. West Virginia Eclectic Medical Association. President, M. H. Waldron, Naugatuck; Secretary, A. C. Lambert, Charleston.

64. Wisconsin Eclectic Medical Society. President, Ira Fay Thompson, Reedsburg; Secretary, F. C. Haney, Watertown.

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DIPSOMANIA.

AMOS J. GIVENS, M.D., LL.D., STAMFORD, CONN.

Givens' Sanatarium.

There are many varieties of dipsomania, that is, of the ungovernable periodic lust for drink, with, in the interim, no desire for alcoholic beverages, in fact, often a feeling of abhorrence at the mere thought of such indulgence.

A very clever man in the profession has acutely remarked in connection with this disorder, that it is an unfortunate thing that so many scientific persons are so prone to try for one explanation, and to hit upon the explanation by the most unknown quantity that we have, so far as the interpretation is concerned. This comment is made in connection with the effort to "explain everything concerning epilepsy according to Lombroso," or after the manner of Kraepelin, who refuses to see anything else in dipsomania than one of the manifold manifestations of epilepsy. Nevertheless, Kraeplin discusses dipsomania under the general heading of "Chronic Alcoholism," and uses as an illustration a case presenting few of the distinctive earmarks of epilepsy.

That dipsomania in many of its characteristics often resembles epilepsy, no one will deny, yet these cases not infrequently present no typical epileptic disturbances, the excessive periodic drinking impulse being the only sign of the disease. When the latter is the case, the individual, without warning or noticeable premonitory symptoms, will commence inordinate drinking, many times consuming almost unbelievable quantities of beer, wine, or liquor, before the attack expends itself.

In other instances, prodromal symptoms of irritability, anxiety and uneasiness, restlessness, despondency or fear, capricious appetite, and sleeplessness are observable. These are characteristic of the epileptic, but so are they also of many nervous affections, indicating departures from the normal.

Again, Cutten, of Yale, in his interesting work, "The Psychology of Alcoholism," disposes of the status of the dipsomaniac by ranking him insane. "Clearly to be classed as a form of insanity," he says, "yet seldom

found in an insane retreat, are cases of dipsomania." Yet, as if desirous of somewhat modifying his own statement, he adds, some pages further on: "No other class of partakers of alcohol is composed of such bright and intelligent men, or men who, by nature and education, are better equipped morally."

The truth is, the taint of epilepsy is discoverable in many instances, and a sufficiently large number of cases present such other symptoms as to perhaps justify the description "periodic insanity." Periodic they certainly are, and, for the time being at least, within the boundaries of that elastic term "insanity," although one is excusably reminded of that eminent English jurist, who, before the House of Commons, remarked: "I have read every definition (of insanity) which I could meet with, and never was satisfied with one of them, and have endeavored in vain to make one satisfactory to myself. I verily believe it is not in human power to do it."

"Experience teaches," says the old adage sagely, and as we grow wiser through an extended and enlarged professional experience, we become more averse to making unqualified statements like Berkeley, for instance, of Johns Hopkins, who, in his "Treatise on Mental Diseases," chapter on the "Periodic Insanities," does not omit a foreword pointing out the relation of these disorders to that borderland of insanity whose inhabitants are sometimes neither fish, nor fowl, nor good red herring.

Dipsomania may, of course, be associated with manic-depressive insanity, with general paresis, with paranoid conditions which sometimes renders diagnosis difficult; with cases, in a word, well adapted to the ministrations of hospitals for the insane, and frequently found there.

It is a mistake, however, to assume that the more usual examples of the periodic drinker can be most greatly benefited in such institutions. Their mission is primarily to treat another class also, in the majority of cases, directly or indirectly the victims of alcoholism, for there is a vicious circle of alcoholism and insanity, insanity and alcoholism, with affectional offshoots too familiar to the neurologist and alienist to require comment.

The ordinary dipsomaniac is assuredly the product of the past; he is, in other words, an inheritor. It is not without reason that the term "delirium tremens," coined by Sutton, in 1813, preceded by full thirty years that of dipsomania, first used by Swaine Taylor, in 1843.

The almost universal daily use of liquor, and the incidental frequent drinking bouts of the eighteenth century, are matters of history. These habits of general, and often immoderate drinking, persisted in the first half of the nineteenth century, while the excessive use of alcohol, even as a medicine, is yet within the memory of men of middle age.

Delirium tremens, as the result of excessive indulgence, was soon considered by itself, while advancing knowledge of the pathology and psychology of drunkenness, made differentiation of other types imperative. So also a constantly increasing identification went on of the results which the

use of alcohol entailed upon descendents, and especially of that inheritance which may be termed the alcoholic diathesis.

It is to this diathesis that the periodic drinker is heir. "Practically all dipsomaniacs," says Carroll, "are the descendents of alcohol-using parents." In addition to this we frequently find, in the immediate ancestry, histories of hysteria, epilepsy, migraine and insanity contributing, as does alcohol, that legacy of insecure equilibrium we call instability of the nervous system.

What form the neurotic taint passed on through inheritance will take seems oftentimes to the observer largely a matter of chance plus the pressure of environment; but let the unrest, the craving for he knows not what of the unstable individual, supplemented by physical and psychical conditions which lower vitality, and tend to bring to the surface all inherent weaknesses, once resolve itself into a periodic thirst for drink, and, like the breaking of a dam and the irresistible onrush of water, his will will go down before his raging and almost unquenchable thirst. At such times, neither regard for himself nor his family, his social standing or his means of livelihood, will restrain him. Drink he must and will have, though he pawn the clothes from off his back.

The correct statement of two dipsomaniacs, recorded by Prof. William James, well illustrate this state of mind. "Were a keg of rum in one corner of a room," said one, "and were a cannon constantly discharging balls between me and it, I could not refrain from passing before that cannon in order to get that rum." "If a bottle of brandy stood on one hand," testified the second, "and the pit of hell yawned on the other, and I were convinced that I should be pushed in as sure as I took one glass, I could not refrain."

The dipsomaniac is far removed from the ordinary sot who befuddles himself day after day with beer and whiskey. Too often, unfortunately, the former may represent the most useful and gifted classes of society. The case of the individual who secretly hid stores or brandy, gin, etc., in his boots, bookcases, sleeves of his coat, and elsewhere, against the time of his temptation when his downfall was complete, the expert in inebriety can easily duplicate. Likewise the dentist in a New Hampshire city, who, gentlemanly in manner and skillful in his work while himself, yet when overtaken by the drink mania at intervals of several months, became another being, highly irritable and vicious, invariably putting all his wife's clothes in the stove before indulging in his orgy.

Even the moderate drinker may become the dipsomaniac. A specialist before the New York Psychiatric Society, in May, 1909, reported the case of a young lawyer, who, ceasing constant indulgence, became periodically, and in certain environments, obsessed by the desire for alcohol. By the exercise of his will and appropriate treatment, he escaped the usual outcome. Here the psychogenetic factor was the alcohol first resorted to as a social factor.

In some instances the dipsomaniacal periods recur with astronomical exactness. A certain number of days, weeks, or months regularly elapse. In other cases, equally free during the interim from the desire for alcoholic stimulants, the outbursts are variable, and dependent upon exciting circumstances, such as the strain of some important business deal, domestic difficulties, sexual furore, etc. The attacks may occur at increasingly shorter intervals, or remain constant; may be self-limited, or limited only by capacity of the means of getting liquor; may be characterized by complete intoxication or but clouded consciousness; may end in anorexia, nausea, gastric catarrh, headache and tremors, and gradual convalescence, or lead to a nervous collapse, severe and protracted. Delirium tremens is one of the possibilities and chronic alcoholism in inadequately treated cases.

Adequate treatment, however, offers to the average dipsomaniac a chance which is well worth his while to avail himself of, for the percentage of cures or marked amelioration is not small, considering the nature of the difficulty. Above all else, however, the ministering physician must have the patient under his entire control and for a sufficient length of time to insure results, for the treatment of the dipsomaniac is the treatment of the neuropathic basis, the reconstruction of the physical man, the re-education of his will, the readjustment of his viewpoints. These things require time, and this is recognized not only by neurologists and alienists, but also by jurists and intelligent lay students of these problems. The isolation of the dipsomaniac, the gaining his co-operation, the application of therapeutic measures can best be secured in some institution where special attention is given to this class of cases. Both voluntary and compulsory commitment must be provided for. Connecticut, following the example of England, has wisely enacted laws meeting this need, and provided for a three years' detention if necessary.

The compulsory commitment of inebriates is an advantage secured by law in some other States, notably in Kansas, Louisiana, Pennsylvania, Vermont and Massachusetts. Among the few States providing special hospitals are Massachusetts, Iowa and Minnesota, while inebriates are sent by a number of States to their hospitals for the insane, a very inadequate and unsatisfactory solution of the problem.

Charpentier and Ley, in their papers on "Alcoholism and Criminality," presented at the Twentieth Congress of Alienists and Neurologists of France and French-speaking countries, in Paris, August, 1910, said: "All those who have had any considerable experience with asylums for inebriates, agree in saying that only a course of total abstinence, lasting from six months to two years or more, is capable of effecting cures. . . . Under favorable conditions of time and treatment, 30 to 50 per cent. of cures are recorded."

The dipsomaniac is no exception to this rule of essentials or to the possibility of redemption. Rather is he a conspicuous illustration, and, as a

class, perhaps better worth saving for the community than the chronic alcoholic, both because the former often represents a gifted element, and because the alcoholic deterioration of the whole man is usually less. So Kraeplin maintains, adding that for this reason he presents, on the whole, a more favorable prospect of overcoming the alcoholism than ordinary drunkenness.

The treatment of these cases has been indicated by generalizations, and will not be particularized here, being, in many respects, classic, and above all else, requiring to be individualized. Hardly a month goes by, however, but what new indications are perceived that in all countries the preventive phase of the question is commanding greater attention. Great Braitain is making a valiant struggle and with reason. Thirty-three years ago, Kirton, in his little volume, "Intoxicating Drinks: Their History and Mystery," said, "There are in the Old and New Testaments together, 3,566,480 letters. The money spent yearly in the United Kingdom on strong drinks would enable us to place forty-one sovereigns upon every one of the letters in the Bible." Great Britain recognizes that crime, insanity, feeblemindedness, form the harvest of such investments, and, by issuing fewer licenses, shortening the hours during which intoxicating drinks can be sold, ensuring their greater purity, forbidding, when practicable, Sunday sales, and by temperance teaching, has secured a decline of spirits consumed from 37,000,000 of proof gallons in 1900, to 24,000,000, in 1910.

The Imperial Statistical Bureau in Germany has made exhaustive investigations of the consumption of alcohol by workingmen, and is discouraging successfully its use, and the same policy is being actively pursued in the German army. France is following suit. Switzerland has long been a conspicuous leader in this warfare for sane minds in sound bodies, and reported as long ago as 1893 a reduction of at least 25 per cent. in the use of spirituous liquors since the legislation of 1887, when, by expropriation, 1,400 large and small distilleries were suppressed. The recognition by the different foreign governments of the advisability of restrictive or prohibitive measures in relation to the consumption of alcoholic beverages since the war began, is a well known fact. Only in the United States do we find a formidable increase from 14.6 gallons of intoxicants consumed for every person in the country in 1889, to 21.85 gallons per capita in 1909. Also, our importations of intoxicating liquors have more than doubled in twenty years.

The problem of the dipsomaniac, as of all inebriates, is and always must be primarily the problem of the underlying causes producing him, and no other single cause assumes such menacing and formidable proportions as the enormous and widespread consumption of alcoholic beverages.

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10. Publication No. 1390, Mass. House of Representatives, 1910.

NEPHRO-DUODENO-COLOPTOSIS.

O. C. Welbourn, M.D., Los Angeles, Cal.

The title of my subject is an original one, and so far as I am aware, it also is new. It is a hyphenated word, compounded somewhat after the German style, intended to convey the idea of a prolapse of the kidney, duodenum and colon all found in the same individual at one and the same time. That such a condition is comparatively common I am fully convinced. It is my object in introducing the subject to evoke a discussion which will give it the prominence which it deserves and assist in its more ready recognition.

According to Gray's Anatomy, the kidney, duodenum and ascending colon are separate organs with distinct functions and no closer related than that they happen to be in the same abdominal cavity. But, as a matter of fact, there is a bundle of fascia connecting the inferior pole of the right kidney to the posterior wall of the ascending colon. Sometimes this fascia is abundant, spreading over a considerable surface of both kidney and colon, and when it is gathered up into a bundle and traction made thereon, either organ may be forcibly displaced. Under these circumstances, if the ascending colon is displaced downwards the kidney is dragged along with it. Also, if the kidney is primarily displaced downwards the ascending colon has lost just so much support, and it probably will be found to be prolapsed also. The anatomical relationship between these two organs is so close that when one is displaced downwards, the other one may be expected to do likewise. Now, let us consider the duodenum. Anatomically, it is not so closely related, the connection probably being limited to the reflections of the peritoneal covering common to all. However, with a displacement of the right kidney and ascending colon the peritoneum is apt to be thrown into a fold which reaches across to the duodenum. In a sense this fold acts as a ligament and the traction of the displaced kidney and colon, sometimes displaces the duodenum in turn. Such a displacement usually consists of an angulation, or kink, located four or five inches from the pylorus, and it may involve the common duct. The above is a very brief review of the anatomical relationship of the kidney, duodenum and colon.

The pathology ought to be clear. With a downward displacement of the ascending colon there is a fecal stasis particularly manifest in the cecum. An inflammation follows and this probably will extend into the appendix by continuity of structure with resulting appendicitis, acute or chronic as the case may be. With an angulation of the duodenum there is also a

stasis with digestive disturbances. It may cause a partial or complete obstruction in the common duct, producing symptoms closely resembling those found when gall-stones are present. An inflammation of the duodenum surely will be present and this may cause a localized necrosis with perforation or chronic ulcer, or it may extend to the liver or pancreas, or both. The circulation to the kidney is impeded, producing a nephritis, and there may be a kink in the ureter, causing attacks of renal colic. With such a complex pathology the symptoms necessarily will be many and varied. Any obscure chronic disturbance of the digestive or urinary systems should suggest the presence of this vicious "three link chain."

The diagnosis is comparatively easy. A careful palpation will reveal the kidney displaced downwards, and this one absolute fact is sufficient to justify surgical interference. The condition of the other organs being determined at the time of the operation on the kidney.

The operation is a somewhat complicated one, the indications being to remove the appendix when involved, to repair the duodenum when necessary, and to restore and permanently anchor each displaced organ. To get a result which will be satisfactory to the patient and creditable to the surgeon, all must be done that needs to be done. To remove a chronic appendix does not help a floating kidney any more than does the suspension of a floating kidney help a chronic appendicitis. I have examined many patients who were seeking relief after having had one or the other of these operations performed. Only half of the work had been done and obviously the result could be satisfactory only in a like degree.

DISCUSSION.

Dr. B. Roswell Hubbard: I would like to say in this connection that it is very fortunate that we do not run across such a complicated condition very often; but they do occur, and you will find them perhaps more frequently in women who have a very relaxed abdominal wall. I remember a case I had a good many years ago, a negress who had a very pendulous abdomen, and I believe every organ in her abdominal cavity was displaced. They were all settled down in the lower part of her abdomen, and it was almost impossible for her to get about.

PULSATILLA.

H. C. Smith, M.D., Glendale, Cal.

The members of the Eclectic school of practice pride themselves not only upon their general knowledge of drug therapy, but upon the unanimity of opinion within their ranks as to the application of drugs to disease conditions. In this they are like the Irishman's women. Pat said, "Mike, did yez iver notice how much women are aloike?" Mike said, "No, Pat, I niver did." Said Pat, "It don't make anny difference how many of thim yez git acquainted wit', they're all aloike in bein' different from one another." And so with Eclectic unanimity. It rather seems to me that one

of the chief pleasures of attending these meetings is in taking advantage of the opportunity to tell the other fellow he doesn't know what he is talking about—so here goes.

The March, 1915, issue of the NATIONAL QUARTERLY contains an article entitled, "Specific Medicine Pulsatilla," the paper having been read by Dr. Frank Webb, at the 1914 meeting of this Society. In the discussion of the paper which followed its reading, the amenities bandied about among the "discussions" were such as would elicit a cheerful snicker from any supposedly benighted allopath who chanced to hear or read them; about the only demonstrable unanimous opinion upon the subject being, "None of you knows what he is talking about, judging from my experience." Is this a fair sample of Eclectic unanimity? I believe that it is, as I could quote pages from the published transactions of this Society to prove the great diversity of opinion among its members upon the subject of drug therapy. I feel perfectly safe in making the assertion that were I to copy one of Dr. John M. Scudder's articles upon therapeutics, written some thirty-five or forty years ago, and reprint it as my own and over my own cognomen, that I would be assailed by many Eclectics as being ignorant of my subject in general, and of specific diagnosis and specific medication in particular. Such being the case, of what real value is our boast of exact therapeutic knowledge?

Dr. John M. Scudder was about fifty years ahead of the profession when he formulated and promulgated the principles of specific diagnosis and specific medication; but that fifty years have elapsed and the time has arrived when Eclecticism should shake off her smug complacency and begin to scramble for a seat in the van of progress, carrying forward and perfecting the work inaugurated by Dr. Scudder, instead of sitting back and shouting, "I am the great I am." "Call an Eclectic and be saved; call an Allopath and die."

This day and generation call for exact knowledge in drug therapeutics, just as they do in the other sciences and the other branches of medical science, and are not going to be satisfied with being told that a certain drug will relieve a certain set of symptoms, but demand to know how and why it does it.

Notwithstanding the fact that Leonard Keene Hirschburg is publishing articles in the daily press throughout the length and breadth of this country, that are manifest and successful efforts to undermine the confidence of the laity in true and legitimate practitioners of the healing art, the great mass of allopath practitioners are not satisfied with their present knowledge of drug therapy, nor are they satisfied to dispense with that form of therapy; consequently, they are awaiting a rational pharmacognosy based on scientific knowledge. At the same time the leaders of that school of practice, while outwardly emphasizing their therapeutic nihilism, are thoroughly studying the few drugs in which they do have confidence, and, in time,

will outstrip us in our special line of study if we are not careful. While they are slowly yielding to a general demand for a more extensive and comprehensive drug therapeutics we may take advantage of our accumulated knowledge in this line and forge ahead to a pronounced and recognized lead, if we only will. The mote in the other fellow's eye and the beam in our own, both are entirely too prominent for the general good of the profession.

However, these aforementioned brethren are not alone in their lack of unanimity in regard to the virtues of the remedy which is the subject of this paper. Baron Stoerck, in 1672, employed pulsatilla for the relief of chronic diseases affecting the eye, particularly cataract, amaurosis and corneal opacities. He also used it for melancholy, palsy, suppressed menses, syphilitic nodes, caries, ulcers, nocturnal pains and indurated glands. It gradually declined in favor thereafter until the Homeopathic school was established.

Wooster Beach, the father of Eclecticism, in 1855, enumerated the uses of pulsatilla as employed by Stoerck and added, "None of the anemones is of much importance in a medicinal point of view, their uncertain and acrid properties preventing their use when better articles can be procured."

John King, in 1864 edition of The American Dispensatory, again repeated Stoerck's uses of pulsatilla and added, "It is very seldom employed in practice, except by the Homeopaths."

Stille and Maisch, in the 1879 edition of The National Dispensatory, stated, "Pulsatilla has been recommended in amaurosis, etc., but no sufficient ground exists for its use in therapeutics."

The United States Dispensatory of 1845 recounts the claims made for pulsatilla by Stoerck: that of 1875 adds: "It is, we believe, a favorite remedy with the Homeopathists." The 1907 edition still further adds: "Pulsatilla has been recommended for menstrual troubles and for affections of the epididymis and testicle. But to attain results it must be given in infinitesimal doses and with a great deal of ceremony." In brief, their conclusions were that its effects are wholly psychic.

Charles D. F. Phillips, lecturer on materia medica in the Westminster Hospital, London, in his Materia Medica and Therapeutics of the Vegetable Kingdom, 1879, recommended pulsatilla for practically the same affections as those for which modern Eclectics prescribe it, and directed by approximately the same symptomatology.

Roberts Bartholow, in his Materia Medica and Therapeutics, 1894, gives a very rational resume of the actions and therapeutics of pulsatilla.

Sam'l O. L. Potter, in his Therapeutics, Materia Medica and Pharmacy, 1910, gives rather complete pharmacological and therapeutic actions of the drug.

Henry H. Rushby, in the Reference Handbook of the Medical Sciences, states: "The clinical investigation of pulsatilla has been neglected by phy-

sicians, apparently with little better reason than that it is a favorite medicine with the Homeopaths and Eclectics." All Homeopathic authorities hold pulsatilla in great esteem, Hull's Jahr giving six or seven hundred items in the symptomatology.

Scudder, patterning after the Homeopaths, gave it in small doses for its primary effect and held it in esteem as a nerve tonic. Most modern Eclectics prescribe pulsatilla in doses sufficiently large to produce its secondary effects, consequently class it as a nerve sedative.

One or two of the physicians discussing Dr. Webb's paper, insinuated that his results were largely psychological; another said it was through its influence on the medulla; and Dr. Webb said it was through its influence upon the spinal and sensory nerve. While these opinions appear on the surface to be decidedly the reverse of unanimous, to a certain extent they all revolve around the same central idea, and I shall endeavor to elucidate what I mean by this central idea.

Pulsatilla belongs to the natural order ranunculaceæ, to which also belong aconite, cimicifuga, staphisagria and some others, and all have a similar action upon the nervous system; but each has a selective action upon certain tissues.

Pulsatilla has a pharmacological action very similar to, and its toxic action is almost identical with that of aconite. Both produce the prickling and numbness of the tongue and fauces, both are rapidly absorbed, and both produce a primary irritation of nerve endings, which is often referred to as stimulation, but this irritation or stimulation is much more prolonged in the action of pulsatilla than is that of aconite, so that if the dose be kept small enough the primary or tonic action of the drug will be exhibited for a considerable period of time.

Both pharmacological studies and Homeopathic provings have shown the effects of the primary action of these drugs to be upon the circulation through the medium of the peripheral nerves. They have also shown that this action is more especially upon the afferent teledendrions, because beginning toxic doses next affect the sensory nerve-trunk, increasing doses affect the reflex mechanism of the spinal cord, and full toxic doses paralyze the motor nerve-trunks. While all these actions are readily demonstrable as regards aconite, and its effects upon the general circulation are so pronounced that the pharmacological action definitely outlines its therapeutic action, this is not the fact as to pulsatilla. Only the toxic action has proved of a definite nature, and empirical observations have been so glaringly contradictory as to seem wholly at variance and chimerical. However, I believe that we can apply pulsatilla as specifically to pathologic states of the system as we can apply aconite.

In the medulla of the adrenals, the ganglia of the abdominal sympathetic, the paraganglia along the abdominal aorta, the carotid ganglia, the coccygeal glands, the parovarium and the epididymis are certain cells staining brown with chromic acid, called chromaffin cells, and the entire

group known as the chromaffin system. Free nerve and blood supplies are always to be found in connection therewith. Irritation of these cells in any part of this system will result in vascular disturbances which seem to stimulate the emotional centers, apparently at the expense of the volitional centers, producing an imbalance between them. The emotions reign supreme while volition and judgment become feeble and warped.

The individual is usually unduly exalted or unduly depressed—these moods having a marked tendency to alternate. The predominating symptoms in many instances are those of fear and worry; the patient being apprehensive of impending evil, often with the fear undefined. If a man, he is afraid to make business ventures, or fears he will lose customers or friends, while at the same time he may be so moody and irritable as to cause his fears to be realized. He is inclined to lack confidence in himself in everyday matters, while he may, at the same time, be over positive as to his ability to handle affairs entirely out of his line of work, and be extremely obstinate in his contentions. If it is a woman, she may be, and usually is, more irritable and erratic than is her wont, although this is less noticeable usually than the elements of fear and worry. The woman who ordinarily is very well balanced begins to fear some impending evil; fearful as to her husband's business success or personal safety, although there may be no known grounds for her apprehensiveness, or for the personal safety of the children if they are out of her sight, or that they may contract some disease—often without due regard to the fact that there is no such disease prevalent at the time. She may fear for her own safety, carefully examining and re-examining the locks upon the doors and windows. If she has a cut or scratch upon her person she fears blood-poisoning; or any lump in her breast is a cancer—whether she has ever seen Dr. and Mrs. Chamlee's advertisement or not. She is prone to fits of anger, and to weep upon the slightest provocation. In the case of either male or female, if the spinal cord is already irritable, then irritation of these cells will induce convulsive attacks, or the good, old-fashioned hysterical spasms.

I have a thin patient who has a floating right kidney, which carries the supra-renal gland with it in its excursions—persistently violating the Mann Act. Her kidney may prolapse until it occasions her considerable discomfort, but that is all she complains of unless there is pressure upon the supra-renal, when she immediately begins to develop hysterical symptoms —in fact, about every symptom that I have enumerated as likely to be manifested by a female sufferer. The uncertain temper and fits of weeping are particularly prone to manifest themselves at the menstrual period. I have experimented upon her when there were no hysterical symptoms present, by pressing upon the supra-renal and the abdominal aorta and have succeeded in developing a full quota of symptoms in a very few moments. Pressure sufficient to produce this train of symptoms also precipitates an attack of indigestion with gaseous distention and often colicky

pains. Frequent attacks in a short space of time soon develop metrorrhagia. The fact that mammary extract more readily overcomes this than any other treatment directs our attention to the disturbing effect upon all the internal secretions.

Recapitulation.—We have a series of chromaffin cells in various parts radiating from the adrenals and abdominal sympathetic. All these cells are in intimate relation with rich peripheral nerve and blood supplies. Irritation of the parts where these cells are located induces a general imbalance of the autonomic nervous system which manifests itself in circulatory disturbances, erratic volition and unstable emotions. On the other hand, homeopathic provings of pulsatilla in minute doses have developed a great variety of symptoms that are almost identical with those produced by irritation of the chromaffin system. Pharmacological studies of investigators, such as Bartholow, have demonstrated that pulsatilla acts upon the circulation through the medium of the afferent teledendrions. Ample clinical experience has proven that a majority of cases presenting the symptomatology mentioned previously are benefited by the administration of pulsatilla. Consequently, I believe we are justified in concluding that pulsatilla has a specific influence upon the chromaffin system.

It has long been known that irritation of the adrenal will affect the pigmentation of the skin, producing leucodermic spots. Destruction of this structure by tuberculosis or other disease induces the peculiar pigmentation of the skin that is the characteristic feature of Addison's disease. Consequently, it is reasonable to suppose that a more active adrenal medulla will produce a fairer complexion; a less active adrenal medulla a darker skin or complexion. We also know that in diseases or derangements of some of the other abdominal organs there is an increased pigmentation of the skin; so, by putting two and two together, we may conclude that chromaffin cells outside the adrenal medulla also have to do with pigmentation of the skin. This being the case, an individual with a fair skin—a blonde, if you please—has a more active chromaffin system than a brunette has—the fundamental reason for their being blondes—and, in consequence, this system shows signs of irritation more readily in the blonde, and pulsatilla is more likely to be required as a remedial agent.

If this system is atonic it will respond more readily to direct tonic treatment in a blonde than in a brunette, but both pharmacological studies and homeopathic provings have shown that pulsatilla is ultimately a sedative, whatever the size of dose; so I prefer, in this instance, to administer some such remedy as ignatia, which is tonic first, last and all the time.

The principal reason why we recognize the influence of pulsatilla upon the sexual glands, and its specific application thereto, oftener than we do its influence upon the adrenals and digestive organs, is because of our greater ability to recognize disturbances of the sexual glands. In ovaritis, orchitis and epididymitis it is of value because of its influence upon the

circulation, but it does not compare with aconite in these afflictions as a reducer of inflammation and temperature.

In administering pulsatilla an exact observation of the sex, color and condition of servitude is not a dire necessity, but the plain, unvarnished fact remains that we find the remedy oftenest indicated in fair complexioned people, and these oftenest of the female sex. If the patient is a male or a brunette, or both, larger doses will be required to accomplish results.

I am not insinuating that pulsatilla will restore a cystic or otherwise diseased ovary, or anchor a floating kidney—we know better. I wish, however, to emphasize the fact that pulsatilla is preventive of diseases of the ovary, adrenal and other such organs, by relieving irritation of the nerve supply and restoring a normal circulation to them before permanent damage has resulted.

THE HANDICAPPED BABY.

A Plea for Adequate Prophylaxis.

Harry V. Brown, M.D., Los Angeles, Cal.

When importuned by the chairman of this section to present a paper for the National, I fully intended to refresh my memory on some important disease and hand it out to you in the time-honored way. Many times has my desk been strewn with books, as testimonials of my good intentions, yet always the result was the same—unable to convince myself that there was any one disease in childhood of vastly greater importance than another, nor could I believe that those of this assembly were lacking in any material point of information concerning the classical diseases of childhood. The overwhelming thought possessed me that we could well afford to abandon the diseases for the moment and turn our attention to the underlying cause of the weakling. I, therefore, adopted a shotgun policy, hoping thereby to hit a few high points of general interest to the infantry.

One who becomes interested or absorbed in the seed time, spring time, and blossoming period of child life, as we find it to-day in this country, must needs be impressed with the generally unfair environment which prevails for the little ones, from the standpoint of physical growth and development. My attention was recently called to a nursing bottle advertisement which read like this: "When the baby is done drinking it must be unscrewed and laid in a cool place under a tap. If the baby does not thrive on fresh milk it should be boiled." Many babies look as though they had been through the boiling process when they arrive, and it is not to be wondered at in the light of the hurly-burly, tango existence which their mothers enjoy from childhood to maternity. This fox-trot pace which has been set for the women of to-day, taken with the fact that they are constantly having more superinduced abortions than babies, are in

themselves sufficient explanation for the disparity existing between them and their silver-crowned mothers when tried out in the endurance tests of life. An average mother of the earlier generation produced eight to ten babies and fed them at the fountain of youth, as against one, or possibly a grudging two for the modern woman, and in most instances she either can not or will not nurse the child. The former caused an overproduction at the expense of vitality, and the latter a decided under-production at the very same cost; we have had both extremes and may now hope for a balanced condition in the future.

It has been said that civilization and syphilization are the prime factors in the deterioration of the human species. This statement, doubtless true, is a serious indictment of ourselves and our progenitors. Of the many things credited to civilization, there are many which had their origin in hell and for which the devil alone is responsible. Among those for which we must accept responsibility are: The commercialization of every product of nature which has any known value (the actual necessities of life being completely cornered), thus demanding more and more of the individual who hopes to exist, and encroaching more and more upon the time which should be allowed for the recuperation of wasted energy. This state of affairs has been brought about so gradually and stealthily, and we are so accustomed to the grind, that it is accepted by most of us as a visitation of Providence. Take a look backward and convince yourself, by comparison, what we are each day requiring of ourselves.

Second, there is the increasing tendency to flock to the great commercial centers, the large cities, where right living and hygienic surroundings are next to impossible. As a consequence, each city becomes a veritable hive of parasites, feeding one upon the other.

Third.—The social requirement of the age which turn night into day and day into night is not the least significant of these civilizing influences. The profession has not yet discovered any successful substitute for nature's sweet restorer. Society has endeavored in many ways to antedate sleep with such articles as high-balls, cocktails, etc., but I am informed that these attempts have proven to be only a very temporary kick with a sudden drop by crisis at the close.

Fourth, the growing lack of the mother instinct in those who are so situated that they could abundantly provide for the needs of child development.

Fifth, the decrease in number of those who nurse their infants, either from inability, from lack of desire, or because of inconvenience.

Sixth, the alarming percentage of children who have recognized or unrecognized tubercular invasion.

These and many other conditions which might be named are sapping the vitality of our people and reflect seriously upon the well-being of the child.

The term "syphilization" means that somewhere down the line some of our ancestors (remote) fell off the gospel wagon and unthoughtfully implanted the ineradicable virus which is now blamed for four-fifths of human ills. What does this array of somber truths mean? It can only mean that every child is born with a handicap, varying only in degree. Fortunately, these handicaps are partially compensated for in an artificial way by the small army of self-sacrificing, philanthropic persons who are devoting their energies to social settlement work, housing for the poor, free employment bureaus, pure milk depots, the advocacy of open air sleeping apartments, State and private sanitoriums for tuberculosis, etc. The one thing which to my mind promises the only permanent results along this line is the "back to the farms" propaganda. It is to be regretted that no definite plan has yet been devised, governmental or otherwise, making it feasible and attractive for the man of small means and a family to till the soil and make a livelihood without the danger of burning out the bearings of the human machine. Speaking on the subject of manual training in the public schools, Superintendent J. H. Francis, of the Los Angeles schools, recently said: "We are trying to put back into the lives of our boys and girls what civilization has taken out of it." All power to this work which has developed from a fad into a practical means of assisting the boy and girl to find himself or herself, physically, mentally and vocationally.

In some States the restriction of marriage to those who can pass a rigid physical examination is being tried out, but there are many reasons why it is impracticable. It may be, however, that these objections can be overcome by experience and this will become the partial solution of the problem of healthy children, after all. We hear much about the pedigreed dog from those who are too selfish to raise babies. Nevertheless, the work with dogs, if of no other benefit to the world, has demonstrated that blood will tell. Why not devote some attention to the subject of pedigreed babies? A father might well say with becoming dignity, "My boy is eligible to be registered."

At all events, whatever the solution of this question, it must be of a prophylactic nature, and that is the message I wish to bring to you to-day. If one wishes perfect rosebuds, the proper soil and environment must be selected for the parent plant. All clouds and rain with no sunshine will fail to produce the best type either in the animal or vegetable kingdom. In the meanwhile, it is our duty and privilege to endeavor to correct such deviations from the normal in our little friends as may be brought to our attention. There are certain well-defined principles in child therapeutics, which, if well understood, will make the treatment of each case a mere matter of filling in the details. I recommend the appended formula for your consideration.

1. Correct the errors in diet.
2. Correct all errors in hygiene.

3. Base all medication on specific indications.

4. If you have any with you, give the mother a full dose of common sense, intracranially, at the outset.

DISCUSSION.

Dr. H. T. Webster: I think a great deal of this paper is very good, but the doctor mentioned in the beginning the advertisement that said the child should be unscrewed and placed under a tap, and that suggests something that is practical, and that is the unfortunate habit that some people have of bathing babies too much. I have found that puny babies are bathed too much; they are bathed in too much warm water; their treatment would kill an adult. They are bathed in warm water every day, and where I have not warned the mother or nurse against this I have found that the babies become puny. To give a baby a bath every two weeks, excepting some parts that need it often, is enough.

Dr. Saxton: I fully agree with the doctor that has just spoken. I saw a young lady, twenty-three years of age, that had never had a bath until after she was fifteen, and she was a healthy girl. She was an Esquimeaux, and she had lived on whale oil and never saw the ground until after she was fifteen. I have had some experience with mothers bathing their babies too much. I have seen babies bathed into the grave. An ordinary amount of bathing is all a baby should have.

Dr. Hubbard: Those who have had very much country practice know that country women especially use pretty harsh means with little infants. It is not uncommon to see women take some laundry soap and give a child a good scrubbing, and they will even take a scrubbing brush. I have seen cases of eczema in little infants caused by using harsh soap.

Dr. Caryl: I was quite interested in what Dr. Brown said about getting back to the land, getting out where they could have fresh air and sunshine and plenty of wholesome food—and the very important point of putting common sense into the mother's head.

Dr. Mundy: There is a good deal in this paper put into a very small space, and to discuss it a person needs more than three minutes. I do not agree with some of the speakers as to the bathing of the baby. My small babies are bathed daily. Water never hurt anybody, inside or out. (Applause.) The first thing in the raising of a baby is its food, and the second is sunshine, and the third is bathing. I find more problems in the feeding of the baby than any other thing, and many a time all the child needs is the regulation of the mother's life and the regulation of the child's life, and no medicine. I find as I grow older that I have very many less cases of gastro-enteritis, and I believe it is because the mothers are becoming wiser in regard to the care and nature of the food they give to their children. Many a pale, sick child is benefited solely by plenty of fresh air and sunshine. It is not alone growth. The proper functions of digestion and assimilation must develop. They must develop in function as well as growth, and that is what the food primarily must do. The child is undeveloped, and, by proper supply of food, sunshine, fresh air and bathing, it is developed and made to grow.

I never saw anyone use laundry soap, but one of the worst cases of dermatitis I ever saw came from using a highly scented soap, and one that is most extensively advertised. I use olive oil for the first bath, wipe

that off with a soft cloth, and it will cleanse as well as water. I do not use soap unless it is some plain, unscented soap.

Dr. Brown (closing): This discussion demonstrates the fact that you never can tell what you are going to hit when you shoot off a gun. I did not say anything in my paper about bathing the child, but it started something, anyway. As Dr. Munday has said, you can not cover the ground of this paper in three minutes. I simply tried to give a general survey of the situation as I see it in regard to the developing child. I did not say all I had in mind. The question of bathing, however, is very interesting, and my bathing of babies is based on specific indications. If the baby needs cold water, he gets it; if he needs hot water, he gets it, or a bran bath, or whatever kind, he gets it. I think the idea of bathing a baby every day as a regular routine should be based on the condition of the particular baby, and that is why common sense must be the particular element injected into the care of babies. The oil rubs are one of my hobbies, and I find that all weak, puny babies are benefited by oil rubs, and it is as cleansing as water. So far as soaps are concerned, I agree that the less soap you use the better the condition of the baby's skin.

EUROPEAN "TWILIGHT SLEEP" OR AMERICAN, WHICH?

O. C. Baird, M.D., Chanute, Kansas.

"Twilight sleep," painless childbirth, scopolamine-narcophine amnesia, or the "I'd rather have a baby than a bad cold" method of childbirth, has been looked upon by we Americans with a large degree of awkwardness, to say the least. Any method or measure foisted upon, or introduced to the medical profession by the laity, and the *Ladies' Home Journal,* we are very loath to favor, much less to adopt. Conditions in the twenty-five years last past, as well as the demands and customs, have made great strides. Conventionalism in times past held men to the fast conventional dress for occasions, while now comfort first is the demand. Tight shoes with extreme heels, a tight corset with no limit, has been replaced by the "comfort first" slogan. Dentistry has caught it. If you ever sat, in your boyhood days, on the floor, with your head between the knees of that august personage, the family physician, posing as dentist for the purpose of the painful extraction of one or all of your dental excrescences, as I have, you will appreciate the "comfort first" method which dentistry has adopted in this age.

This slogan, of comfort first, and painless childbirth has grasped the women of the gestating group with a strong hand, and what are you going to do about it? It has come to stay. After a careful study it will be perfected in the hands of careful American investigators, until I doubt not, it will be universally adopted. If there is any class of physicians or obstetricians that is capable of handling such methods, it is surely the Eclectic physician and obstetrician, who has a thorough individual, as well as synthetic knowledge of drugs.

It is a foregone conclusion that we have always used some form of analgesia or partial anesthesia in parturition. Chloroform, ether, morphine

or H. M. C. You have taken great satisfaction in the fact that, while the whole duty of our physician fathers was to sit, on such occasions, demurely in the parlor, nursing the wet end of a cigar, while he let the woman do the work. You have gone them one better by giving, in a special case, a sixth of a grain of morphine, resulting in restfulness, less consciousness to pain, a greater ability to work, a sweeter disposition. As the pains grew stronger, and the effect of the pains became more manifest upon her nervous system, the chloroform or ether you gradually increased, as the case demanded, until with the index finger upon the now tense perineum for the purpose of dilation and support, but primarily to note the degree of advancement of the fetal head, in the process of engagement, then gradually pushing your anesthetic to unconsciousness in the last half dozen pains, when the most vital period in motherhood is consummated. The mother arouses in thirty or forty-five minutes to say, "Is that my baby crying?" or "Is it all over?" and "Doctor, I did not know when it all happened." But, behold! take notice! There comes a report from Germany that they have been doing the same thing; only that and nothing more? Well, yes, I may say a little more, but they are doing it in the best, but not always safest German way.

Steinbuchel, in 1902, began the use of scopolamine and morphine for analgesia in labor, then reported a series of cases. Gauss, at Freiburg, conceived the idea of strengthening the dose to the stage of amnesia, or loss of memory, and, in company with his associate, Krönig, of the University of Freiburg, evolved the so-called "Twilight Sleep." This method has been more or less studied by the American physicians, with a diversity of opinion as to its rationality, safety and practicability to the American physicians.

Freiburg medical authorities in 1909, at a meeting of the American Association of Obstetricians and Gynecologists, in Washington, D. C., read a report of three thousand cases, with the special technique evolved by them. Many who heard it were impressed—going home to *try the* new method, of which a report was given at the next annual meeting. This report was in the main favorable. Yet the undisputable fact remained, whoever else could not do it, Gauss and Krönig were delivering women painlessly and with no damage to the mother or child, they shortening the lying-in period, reducing morbidity and appealing to that weakness, of not only women, but men, the desire to evade pain.

In reading these reports one can only arrive at this conclusion: First, that those who had tried it out thoroughly were favorable, and those who had not done so were opposed to it; second, the reports showed that the technique was not carefully observed in the trying out process. It was this human weakness, a desire to evade pain, that caused one woman, after trying out the method, to tell the other, and another, imparting the information finally to American motherhood, until it came out in the lay press commanding the attention of the profession. To-day, a majority of the ob-

stetric institutions in this country are using it in an investigative spirit. Some of these, as the Lying-in-hospital of New York, undertook to show that it was not good. So far after two years, in a hundred cases, the evidence certainly does not make a case against it. Recently, the New York Public Health Department desired an expression of opinion from good authority on this matter.

Harrar and McPherson, of the Lying-in, and Druskin from the Sloane Maternity, reported 60 to 90 per cent. amnesia, 10 per cent. analgesia, and, in some, no effect. It was the experience of all that in proportion as skill and experience in the use of the method increased, it was more satisfactory. In a report of a hundred cases there were two stillbirths, both due to obstetric conditions, which would have more than likely have happened without scopolamine. Dr. Wakefield, of San Francisco, in the March American Journal of Obstetrics, reports its use in forty cases in this spirit, that he would as soon try to operate without anesthesia as to deliver obstetric cases without scopolamine. This drug is obtained from the Scopola plant, while it is similar to hyoscine, it is not the same; in its effect, it is very different.

As to my personal observation at the Freiburg clinic, I will say it consisted of only four cases, one which had been progressing for two hours, another for four hours before our arrival, and our entire observation being between 6 P.M. and 6 A.M., our conclusion can not be trustworthy. In these cases the technique by the assistant was adhered to very rigidly. Preparing the patient in the ordinary way, bath, enema, vaginal irrigation, etc. Then pains being five minutes apart, lasting one-half minute, a one-hundred-and-fiftieth grain of scopolamine, and a one-sixth of a grain of morphine was administered. In one hour, if much memory remained, a two-hundredth of a grain of scopolamine was given. In one hour, if loss of memory was not complete, a two-hundredth of a grain of scopolamine was repeated. When the case advanced, head bearing low down, engaging, a very small quantity of chloroform was administered. In one of the four cases forceps was used. The case being one with short pelvic diameters. One baby of the four (and that one was the forceps delivery) needed some resuscitation efforts, which is very often necessary in instrumental delivery, as you know. These cases were conducted in small individual, well ventilated, darkened, quiet rooms. The condition of the patient about as follows: The faces of all were flushed, quickened pulse. Two did considerable incoherent talking during pains. Three strained with the pains very perceptibly, and two had about five minutes' chloroform inhalation at the least. Except the one, the babies cried, at least, in a minute after birth. Mothers sleeping from one to three hours after delivery. The most profoundly amnesic were longest sleeping. All through the process co-ordination was tested occasionally, and the memory was tested every thirty to sixty minutes. It is true that a close watch of the patient is necessary, as you can not always

judge of the degree of advancement from appearance or symptoms of pains, except with the index finger, and the child may be born before you expect.

It is not desired that every symptom of pain should disappear. The patient is awake during pains. Gauss laid much stress upon the fact that if all evidence of pain is banished, it would mean that the patient was being overdosed. If there was any noise, the ears were muffled. If light, artificial or natural, the eyes were muffled. In the after treatment—Gauss allowed passive motion on the first day after labor, and the patient gets up on the second day, he told us. Involution surely progresses more rapidly, and the patients are in a much better condition to sit up early than with the usual method.

In the last year I have used the above on six women, four primipara. No stillbirths. Two of the six having a slight recollection of the occurrence. Kept all in bed eight or nine days. All did well and seemed to recover from the shock quickly, it being too slight to be so termed. In this one phase it is much preferable to the old method. As to asphyxiation of the infant, I believe there is a limit and a danger line in the administration of all drugs in these cases. What is there about this that you and I can not do? Nothing. What is there in "twilight sleep" that can not be done in a well regulated home? Nothing. If you have nothing better, try it. As you can not get the Hoffman form of scopolamine, use P. D., made from Merks' preparation, and you will find it reliable. If you are timid use less dose of scopolamine, or farther apart. The one-sixth grain of morphine will be a benefit to most any case you could mention when pains are strong and five minutes apart.

The success of the method in your hands or mine, depends on your close adherence to the technique, which is about as follows: When pains are five minutes apart, lasting one-half minute, give one one-hundred-and-fiftieth grain scopolamine, one-sixth grain of morphine, or one-half grain of narcophine hypodermically, in hip or buttocks, using separate syringes for the two solutions, or cleanse thoroughly with hot water after using each. After one hour, repeat scopolamine, 1/200 grain. Never repeat the morphine unless there is extreme restlessness. Test the memory and co-ordination every forty minutes or hour to see if the patient remembers some object which has been shown her before the first injection. If memory is good in one hour after second injection, give scopolamine 1/200 grain. Test memory frequently and give just sufficient scopolamine to keep patient under its influence. Pulse should be registered every two hours, and fetal heart occasionally.

Evidence of pain should always be manifest during pain, by the ordinary expression of pain. Room quiet absolutely, fairly dark. In final pains small quantities of chloroform inhalation can be used to good advantage. Amount of medicine necessary in ordinary primipara, 1/6 grain morphine. Three injections of scopolamine one 1/150, two 1/200 grain.

Give slight amount of chloroform if needed. The great argument against this method is that it prolongs labor, but, on observing one hundred cases where scopolamine was used, the average duration of labor was two hours shorter than that in one hundred cases of the same type without scopolamine. After waking, if amnesia has been satisfactory, she will have no recollection whatever of what has happened after the second injection, and thinks her pains stopped. Only her change of shape, and your explanation can convince her.

Finally, my brethren, let us consider if this method be worth while. Safety of mother being first; second, the life and welfare of the child; third, the last, but not least, your satisfaction in knowing and doing the best that any man in any country can for his client, and the everpresent tendency for you, the medical leader in your vicinity, to supply the demand of the people, which has been proven to be the greatest key to success in any line. First, in this final summary, we will have this understanding that until we have thoroughly tried out a thing, we have absolutely no right to condemn it. This method is not dependent alone upon German authority, but better in thousands of cases in the hands of Americans in this country. We first conclude that there was less than 2 per cent. mortality in mothers one hundred years ago. From natural causes and other causes, a total of 1/2 of 1 per cent. less in recent time, does not look bad for modern methods. Try it by first asking the mother if you may use "twilight sleep" methods, and explain it to her. She will consent. She will be pleased and tell it.

In considering the second proposition the gap is too broad, for I believe the day is here, when any physician who condemns these measures, one and all, which are for the relief of suffering parturient women, when not contraindicated (which is only one in a thousand), should be barred from practice. Anyone with a heart must know how a mother suffers, too much at the very best, and shrinking from the same has played no small part in reducing our birth rate. Vitality and force in the woman becomes exhausted in prolonged labor. The mechanism of labor is disturbed by pain, and pain produces shock.

As to the third proposition—child life and welfare—two blue babies in a hundred cases. Is this not a little less than the ordinary? Have you not had some very unpleasant experiences when the ordinary methods were employed?

Fourth: May it be said of the Eclectic physician, whose pride is in his knowledge of drugs and in his rational methods, that he is in the forefront of advancement on any line that will reduce pain, reduce mortality, reduce the pain of motherhood to a dream, and supply the demands of the age. But first let us prove all things, choosing that which is good, and come back here in one year with some reports on the above method.

DISCUSSION.

Dr. A. J. Atkins: In this connection, there is a question that ought to come before not only this convention, but before every doctor in the United States, and we would like to have it threshed out here in this convention and get your opinion. We want you to state absolutely what your experience has been with European Twilight Sleep. Is it European or American? It was introduced in Freiburg, Germany, by Krönig and Gauss. McClure's Magazine had quite an extensive article about it recently, calling attention to this wonderful German discovery. Dr. Wheeler, down at Healdsburg, just a plain Eclectic practitioner, was giving H. M. C. years ago, a very similar formula. Abbott's man happened to visit Dr. Wheeler, but he said it would kill any man who tried to introduce it. Dr. Wheeler is a graduate of the California Eclectic Medical College, and, as I knew him, I became interested and used H. M. C. in my practice. The product was prepared by the Alkaloidal Company, of Chicago. Dr. Wheeler wanted the Abbott people to make it, but they refused; he insisted and they did make a few tablets. One of Abbott's men tried it, and now they claim H. M. C. as an absolutely original discovery. Now hyoscin and scopolamine are near neghbors, and now we have this wonderful discovery from Germany. Whenever a magazine like McClure's gets hold of a thing of this kind and exploits it, the public wakes up and takes notice. What we want to know is what is your attitude towards twilight sleep; we want to know your experience with hyoscin, morphine and cactin.

Dr. T. L. Sharpe: I thought 80 per cent. of the Eclectic physicians had been using H. M. C. I have been using it for ten years and I think it is great; hardly ever a case but what I use some of it. I think it is due a woman to relieve her suffering all we can, and if any of our Eclectic physicians are not using it they ought to commence to use it. I suppose it can do harm, but I have used it for ten years without any harm.

Dr. Coates: The feature of this subject that we want brought out is the technique of using it. I have used it a few times and I did not use it at the beginning of labor. I understand this "Twilight Sleep" treatment is at the beginning of labor. We want the technique. Can we use it at the beginning of labor and relieve the pain all the way through labor? We hear a great deal about "blue" babies in the use of this treatment. What is your experience in that respect? In my experience, when I use it late in labor, the babies are blue.

Dr. W. N Mundy: Three minutes is too short a time to discuss the subject of twilight sleep. It is used in the early stages of labor. Blue babies are caused by the use of too much morphine. In the Freiburg method they use narcophene in addition to scopolamine, and after that the morphine is dropped and scopolamine is used, according to the patient's mental condition. Remember, the twilight sleep does not produce a painless birth. It is not analgesic, it is amnesic, and the repetition is guided by the patient's mental condition and not her insensibility to pain. Formerly, we used twilight sleep in the last stages and accomplished it with chloroform. Twilight sleep is not very practical in general practice. You need a hospital, you need trained assistants, for, in the use of twilight sleep the fetal heart sounds must be constantly listened to. It needs the constant attention of the physician, and you will find with twilight sleep the length of labor is from eighteen to twenty hours. In my practice my labors only very rarely run to eighteen or twenty hours. I am a firm

believer in painless childbirth, but not with twilight sleep. Every patient does not bear scopolamine well, and even those who advocate it say that it produces a condition of irritation in the patient so that at times it is necessary to have two or three attendants to hold the patient in bed.

Dr. F. M. Andrus: As I understand it, it is the narcophene which puts the patient into the condition of irritability. I am afraid, with some of your Jewish patients, it would take more than two attendants to take care of them. It looks to me like the rich man's way of getting through. I do not believe I have very many people who could afford to pay me to stay, even if I knew how to use it.

Dr. A. S. Tuchler: The great trouble is that this combination of drugs which produces a somnolent effect upon the patient has really been found by an Eclectic practitioner, Dr. Wheeler, but we are too prone to be backward; we do not make our findings public. It is the other people who get the publicity in the lay press and they get the cream. We ought to be more pugnacious, and, if we have a good thing, bring it to the public notice. It is not too late yet to bring that matter before the public as it should be, because this is a very important discovery. But this twilight sleep proposition must be very carefully handled. In my experience, I find that blondes can stand very little scopolamine. My habit is to use half strength at the beginning of labor, but you can not use it in every case. You had better fight shy of blondes and those who use liquors of any kind, or you will have to have two or three attendants to hold them down. Temperament must be taken into account. I find those of bilious temperament take it better than those of a nervous temperament.

Dr. W. E. Daniels: There seems to be confusion between twilight sleep and H. M. C. As I understand it, they are different. I do not believe it is safe to use these in a country practice unless you have a trained nurse. I care not what drug it is, anything that will reduce your circula- from 65 to 40, and your respiration from 20 to 12, is not a very safe remedy to use, and I do not believe that in ordinary practice it can be used with safety.

Dr. C. M. Chandler: I have had some experience with H. M. C. tablets, and I have three indications for it. In the first place, strong pains, then rigidity and nervousness, and in almost all these cases a No. 2 tablet will relax the nervousness and take the edge off the pain so they can bear it. Seldom do I have to repeat it. I agree that it should be used early. The only time I ever saw any effect on the child was when it was used late.

Dr. H. C. Smith: The influence of twilight sleep, H. M. C., narcophene, or any of these things is depressing. Hyoscin and scopolamine are the same, only hyoscin is obtained from hyoscyamus, and scopolamine from scopola, so the effects are identical, whether you use it as morphine or narcophene or hyoscin or scopolamine. Scopolamine and hyoscin have another effect on the respiratory centers, and as soon as it gets into the blood stream it affects the respiration of the child as well as the mother. If there is anything about this but a dangerous experiment, I can not see it. I used it about eight years ago first, and I had the same experience in both cases.

Dr. Johnson (Nebraska): I have used H. M. C. for eight or ten years. I believe that the twilight sleep may be produced from H. M. C., and while I believe scopolamine is dangerous and should be used only in hospital practice, I believe H. M. C. may be used in the country to great

advantage. In my practice I have never experienced any trouble. However, I select my cases; I give it only to the nervous, fretful women who are inclined to shrink from the pains.

Dr. Lee Strouse: Just before leaving home I saw a piece in the paper, a report from the Cook County Hospital on twilight sleep, where they had lost nine cases. I do not know whether this was the babies or mothers or both, but it seems to me it would be entirely unsafe to use such a remedy.

Dr. Wm. P. Best: I do not know just what has been said relative to the use of these drugs. I have had considerable experience with them, but there is one thing we should not lose sight of, and that is if you allow your patient to be annoyed, either by noise or light, you will have the condition of extreme nervousness mentioned. These drugs produce a hyperesthetic condition of the nerves of hearing, and every sound is exaggerated, which makes the patient nervous. Our method is to stuff their ears with cotton, darken the room, keep people away so they can be quiet. In the administration of this remedy I have witnessed two cases in which the child was born in a condition where he thought death would follow. In cases of confinement it requires great discrimination and you must watch your patient. I do not believe it is safe to give a woman a large dose and go away and leave her unless you have someone who understands the remedy to leave in your place.

Dr. E. H. Stevenson: In this treatment, it is like everything else, it is used empirically and we get bad results. As Dr. Best has just said, it is a good remedy if used properly, but it must be used carefully. I have been using it ever since it was called to the attention of the profession by the Abbotts, and I have had good results. But I have made no attempt at complete anesthesia, and there is where you should put down a pin. With a nervous, irritable woman with a rigid os, no dilatation, where she is trying to bear down and there is no living in the room with her, a small dose will be helpful, and then later, you can give another small dose if necessary, and otherwise terminate your labor under the use of our long-tried remedy—chloroform—and you will get your patient through in very good shape.

Dr. T. D. Adlerman: In the New York hospitals, in Bellevue and some others, they have proven that some cases have been followed by insanity when the Freiburg system is used. There were four cases that I knew of, consequently, those who are using this particular remedy would better look out a little and go slow. I also know of a few cases where the children were rather backward in mentality.

PICRIC ACID.

G. W. Harvey, M.D., Bigpine, Cal.

Think of this remedy when there is irritation and threatened degeneration of some spinal nerve center, as manifest in palsy and priapism; exhaustion of certain nerve centers, as writer's palsy; men and women who have exhausted their nervous systems in over-exertion of either mind or body; hard study, long hours, mental, physical and sexual excesses. It should never be given in larger doses than the third trituration, and often the sixth does better work.

There are several salts of this remedy, but the picrate of lime, and the picrate of iron are the two most commonly indicated, and I find, by experience, are even more valuable than the acid itself. In fact, they do all that the acid will and more. They each have their own specific sphere, and can be depended upon to do the work in their respective fields.

In senile hypertrophy of the prostate gland give picrate of iron, or ferrum picrate 3x, for a couple of months, two grains four times a day, and you can dispense with the catheter in most cases. However, for its tonic properties, I generally alternate with saw palmetto after meals for some weeks. You can make the old fellows very comfortable and sometimes renew their vigor in a remarkable manner.

Occasionally, you have come to you, a patient with recurrent boils in the external meatus of the ear. They are small and painful and as fast as one gets well another develops. It is a most distressing complaint, and your patient may be a "rounder," having exhausted the wisdom of many doctors, and well nigh depleted the drug shops of sulphide of lime and all the other sure cures for boils. This condition can be cured to stay cured with picrate of lime, or calcium picrate. Give them two grains of the 3x trit. four times a day until they are well, which will be within two weeks, then if they return after some months or weeks, give the 6x for a week and then finish with the 3x, and if it works for you as it always has for me, your patient will never more have boils in the ears.

CLEFT PALATE.

F. L. Wilmeth, M.D., Lincoln, Neb.

The subject of cleft palate when arising becomes one of very great concern to the family physician, but, fortunately, is very rarely presented. The horror of the mother and the general disappointment of the family are usually very great. However, this does not, in any measure, estimate the horror to the child should this deformity not be properly corrected, or as nearly corrected as possible, at the proper time. All the anticipation of the happiness and satisfaction in children is turned into disappointment and despair where deformities of any kind lessen the ability of the child to be happy, useful and admirable, either in body or mind.

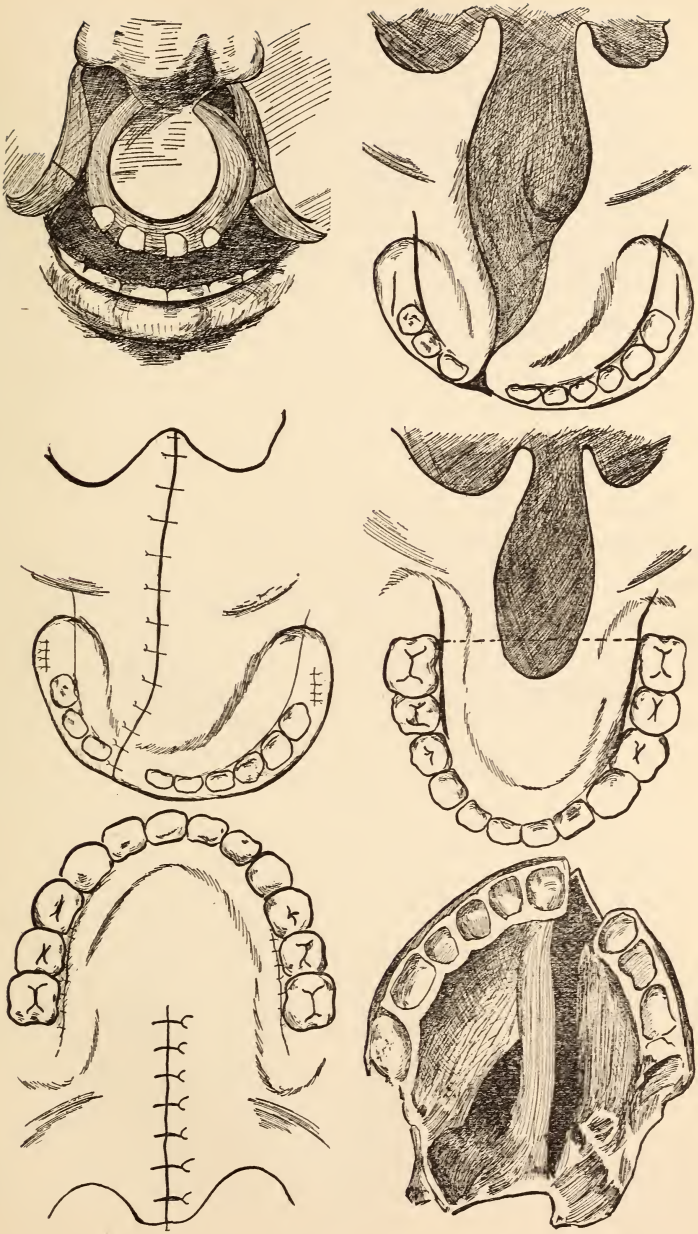
Deformities of this character are peculiarly always observable and peculiarly ones which prevent mental or physical development oftentimes, and one which frequently terminates the life of the infant early. Their consideration at the present time in the advances which have been made in the correction or repair has become with other deformities of childhood, either of body or mind, one of the greatest studies of the age. The attention of the State and nation is more particularly directed to child study, their requirements physically and mentally, socially and politically, than ever before. Our own State and nation now recognizes and appreciates more than ever the responsibility that rests upon them; that those who

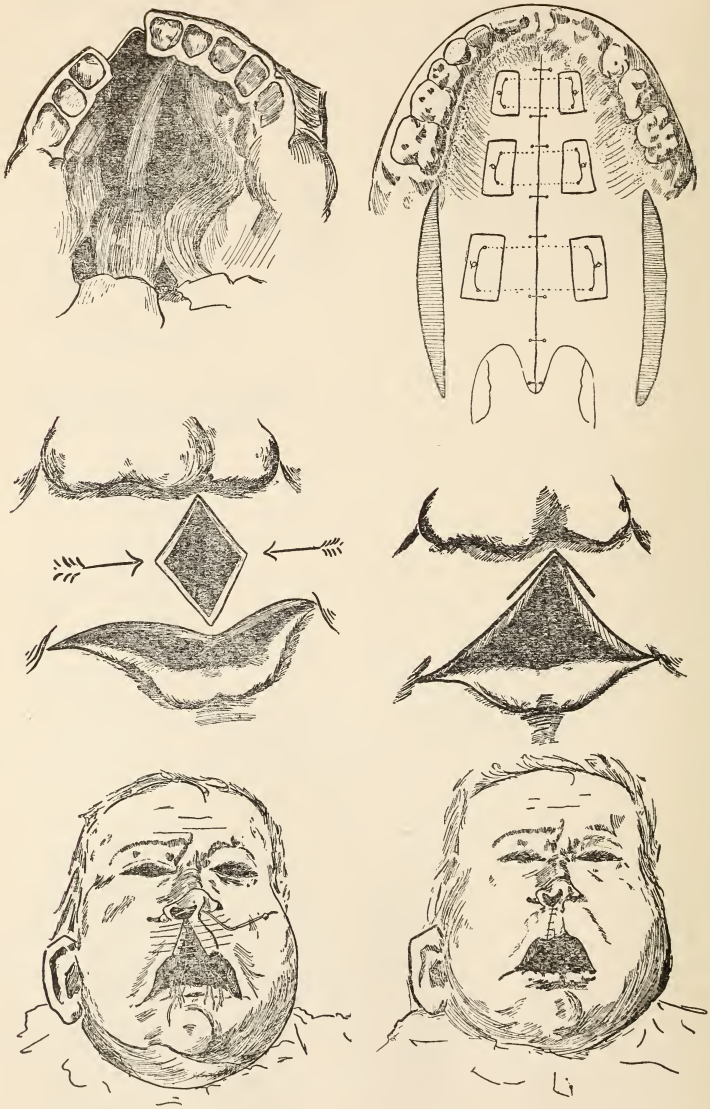
sometime will be entrusted with the control of this great State and nation should receive a serious training for this duty and that this training for citizenship should not be handicapped by any physical or mental defect which it is possible to correct.

The old adage, "the survival of the fittest" is as much in force now as when it was first written, yet the fact that the universal suffrage of men require that they should be fitted for this, emphasizes the responsibility of the family, State and nation. To meet this responsibility in this particular defect, we believe that while absolute success has not crowned the efforts of those who have accomplished these advances, yet I am frequently asked many questions, some of which we will try to answer to-day.

To properly appreciate defects of the oral cavity of this character one should, for a minute, consider the embryonal development of the fetus and the possible relationship that its nutrition may have upon its perfect form. We can only wonder at the marvelous power of nature in being able to accomplish the marvelous development of the human body. It is not original to say that the power which governs this development is beyond human comprehension and human control, yet there are many of the conditions with which we are acquainted which may reflect adversely general embryonal perfection of development which, in a measure, may be influenced by proper care of the mother and careful examination of the generative organs so that the embryonal membranes may have a physiological surface upon which to develop and that the mother may be carefully guarded that no outward influences may affect the nutrition of the gestating uterus.

At the third month and from then to the fourth of fetal development is found something like this illustration by Sutton. There is a development of the processes, so-called, which make up the hard and soft part of the face. The superior bone is developed from the superior maxillary process and the inferior maxillary bone is developed from the inferior maxillary process. The vomer and the nasal septum are developed from the frontal process and should fuse with these other processes from either side at the central point. Failure of the superior maxillary to fuse processes results in an incomplete oral vault and a cleft remains. This cleft is of greater or lesser size, depending upon the degree of defect in fusion and there are many varieties of the cleft, either of the hard part or of the soft part, some of which are illustrated here. In certain instances there is a fusion of the bony plates of the superior maxillary process and the soft parts fail to unite posteriorally, which results in a soft palate cleft, and is represented by this cut. Also illustrated further by other cuts which illustrate the right and left side cleft which is not complete as it is a split union of the soft palate posteriorally and this illustration by Albrecht represents the various segments of the frontal pro-





cesses which are found to involve the incisor teeth and are spoken of as gnathia, of which the two front incisors being from the endognathia and the lateral incisors being from the mesognathia.

In the illustration by Albrecht we have the oral vault representing the divisions of the hard palate in which are seen the incisor teeth, the central and lateral incisors and the relations to these various segments in the normal state. In the study of the development of the fetal face, by Sutton, we have an illustration which represents the various areas of development which must properly fuse in order to complete the formation. This represents the superior maxillary process which must be joined to its fellows up the vomer and from it is developed the nasal septum.

Defects, either of the bony processes, or of the soft coverings, or their union may leave either a cleft palate or a harelip, one or both. This illustration is at about the third month of gestation and may depend upon diseases of the ovum, diseases of the spermatozoa, or, I firmly believe, upon diseases of the uterus which would interfere in any way with the nutrition of the occupant. A cleft of the palate with one also of the superior lip is illustrated in this cut, as well as that of a lateral fissure, due to failure to unite of the temporal and frontal processes, just anterior to the lobe of the ear.

Cut number 4, represents a recent patient upon which I attempted to do an operation, which I shall later describe to you. Numbers 5 and 6, represent a complete cleft of the hard and soft palate with results after repair. Numbers 7 and 8 represent a cleft of the soft parts only, which is the least difficult except the harelip of any to repair. Number 9 represents the soft palate of a patient recently operated upon, and of which more will be said. Number 10, by Fillebrown, represents the effect after the operation as performed by Ferguson, of the London Nose and Throat Hospital, who, by the way, has himself a cleft palate, which was not touched during his childhood and from which he suffers great inconvenience and chagrin. Numbers 11 and 12, by Nelaton, are schematic of incisions which may be made to correct deformities as represented by 11. Numbers 13 and 14, by Warren, represent some of the reasons for failure in operating on the harelip. Of course, these cuts only illustrate a few of the deformities which are met in practice, but are sufficient to call to your minds the types which you have all seen. Probably the most interesting factor in the consideration of these deformities at this time is the time when they should be operated upon and the technique, causes of failure and results.

From time immemorial and from such authors as Jacobs and Stewart, of Guy's Hospital, London, it has been recommended that cleft palate should not be operated upon after five or six years of age when the bones are as fully developed as could be expected at this time, and then when failure occurred, plates of various compounds might be used. You have met those

patients where the danger was from starvation, due to the inability to swallow, or the inability to nurse, or where the nutrition was very low for the same reason, or upon disease of the mother and father, and where every condition is unfavorable to prolongation of life, with or without operative interference. The advocates for this time of operating have used the muco-muscle periosteal flap alone where the cleft was small, using it singly, and when large, using it from either side of the oral cavity between the dental process, making incisions at half an inch from the dental margin that tension might be relieved or prevented, and a double row of sutures as per Dr. Ferguson, as this cut illustrates. Sir Arbuthnot Lane, of London, recommends this character of flap, one side of which, after being loosened, is folded over like a leaf in a book and the lower margin being turned upward and attached to the posterior margin of the opposite side, then a fold being taken from the opposite margin and slipped across as far as possible that the denuded surface might be covered as well as can be.

In performing a cleft palate repair after either Arbuthnot Lane or Ferguson, or of any other method which attempts to correct the defect with the soft structure, depending upon the cartilaginous or bony development of the periosteal flap, there are so many dangers to its success, chief among which are the tension made upon these sutures in deglutition, infection of the tract, because of the continuous infection of the mouth and the necessity for the most delicate skill in coaptating surfaces and planting sutures that at no time meets with increased deformity to this fibrosis, than it does success. It remains for an American dentist to devise a simple method of operating which insures more uniform success than any other method of operating now known and this method inaugurated during earlier months of life and the earlier the better, of course, depending upon the degree of cleft, which as frequently depends upon the direction of the development of the super-maxillary process as upon any other factor. When operations of this character are done later in a child's life there is a loss of vocal power, enunciation and frequently a lack of nutrition, due to bolting food or other conditions depending upon imperfect mastication. When corrections are made earlier many of these things can be avoided. The muscles of deglutition may be under better control and the child begins to develop physically and mentally, and every advantage possible may be given them to assume and maintain the proper position of the physiological child.

When clefts of the palate exist with harelip, some authorities recommend that the lip should be operated upon at an early date and the cleft remain for later consideration. This, however, in my opinion, is a very bad rule from the fact that the cosmetic effort is only practically taken into effect in this while the real deficiency is covered up only to be more difficult of correction at some future time. When existing together and one is selecting the Brophy method, and time for operation is previous to the third month, then the lip should be left for secondary consideration,

as this will assist materially in manipulating the parts without injury to the soft structure.

The time selected should be any time previous to the third month, when the nutrition of the child is at the best which can be secured. In the usual way it would be anesthetized either by tracheal inhālation, or I have always found it satisfactory for a sterile assistant with sterile inhaler externally, and my anesthetist has always selected chloroform as the anesthetic. With a heavy round needle carrying a heavy silk ligature, the superior-maxillary bone may be penetrated just above the horizontal plate, beginning at the zygomatic process, carrying the needle directly through to the cleft, which can be accomplished by either side of the cheek being lifted so that the thread will pass without penetrating the outer soft parts. The needle is then separated from the ligature by withdrawing the needle, or, as I have oftentimes done, remove the eye from the needle. This is accomplished from both sides, then loops are extended into the cleft, one of which penetrates the median frontal process upon which rests the vomer and nasal septum. After this is accomplished, a heavy silver wire suture is hooked in a loop, the hook being made as small as it may be and taken through to either side, when pressure may be made on the superior maxillary of either side toward the median line. This is a formidable process and yet the statistics of success are greater than for those of any other technique with which I am familiar.

The bones are cartilaginous bones, sprung and brought to the median line when the sutures are fastened by either lead buttons or bullets and held in apposition. A second silver wire suture may be inserted anterior to this in the same manner. Previous to these steps being taken, the edges of the cleft may or may not be well denuded, as pressure absorption would take place without their being denuded, and yet union of a bony character would be facilitated by this denudation.

The danger attending this operation which attend others are hemorrhage, necrosis and shock, and are no greater, while that of infection is practically done away with. As to the danger of shock, that would only occur in case of severe accident, such as fracture of the superior maxillary above the horizontal plate which might penetrate the sinuses, together with fracture of the dental process, which, while not dangerous, is very hazardous to the results.

These wire sutures are left in place from three to six weeks. If harelip also is present it should be left for later consideration and is something of trivial physical while of greater cosmetic importance. The parents of patients of this character should understand that it is not to be expected that the surgeon would accomplish what nature failed to do in making a defective child of this character so nearly perfect that the defect could not be detected, and yet this has been done by the Brophy method in many instances. Of course, the wider the cleft the greater will be the deviation

of the bones and the greater liability of failure and danger, but the mortality in this operation at this time is not so great as that where the longer and more tedious anesthetic is used.

The advantages of this operation are very great. There are no sutures in the palate unless it is found necessary by further deformity of the superior maxillary to cover the small fissure with a muco-musculo periosteal flap from which there is no danger of tension.

DISCUSSION.

DR. F. M. ANDRUS: In justice to Dr. Charlton and Dr. Wilmeth, I want to recommend this paper to your consideration on the ground of the work that has been done here. All who have had experience in harelip or cleft palate know how difficult the work is, and we know that in obtaining results in these cases it is very unsatisfactory to the relatives and to the patient. The work expended on the preparation of this paper, it seems to me, is deserving of commendation. I am sorry Dr. Wilmeth could not be here to enlarge upon it as he could. This patient was operated by the doctor during our State society meeting and the work was very nicely done under the circumstances. It is a subject that could be discussed at great length.

DR. E. B. SHEWMAN: This operation for cleft palate is very delicate and very difficult. As Dr. Wilmeth mentions in his paper, some authorities claim it should not be attempted under three or four years. I disagree with them on that. I think the sooner you can do this with perfect safety to the child, the better results you will have. The harelip itself—and we practically always have this condition existing with cleft palate, although we may have cleft palate without harelip, is due to faulty formation in the embryological development. Occasionally we have these operations that are not satisfactory, and we need not only the preliminary but the secondary operation. Occasionally you will find cleft palate and harelip where it is essential to repair the harelip as a preliminary and do the cleft palate operation secondarily on account of the extreme shock. We must consider this important feature in cleft palate, and that is the age of the child and the consequent shock that results. It is very severe, and it is better to do a preliminary operation and then another and have a live patient than to do one operation and have a dead one.

WILL INSANITY CONSUME THE JEWISH RACE?

THEODORE DAVIS ADLERMAN, A.B., M.D., BROOKLYN, N. Y.

The study of nervous and mental diseases as it applies to the evolution, progress or decadence of any nationality, or race, or people, presents so many distinct and peculiar phases and manifestations that it is almost impossible to do justice to the subject in the rather short time and space allotted to me in this paper.

It is a well-known fact that many nationalities are more liable to certain diseases and more prone to suffer from the results of these diseases than others. This rule seems to be particularly strong when taken in connection with neurology and psychology. This is nowhere so strikingly appalling as in the Jewish race. The predominance of nervous diseases

among them has led me to take up the study of this particular subject, and the present paper is a result of the same. I am ready now to make the positive assertion that no race suffers so much from nervous and mental diseases as do the Jews. Statements and claims have been made by some of the most prominent neurologists, that nearly all, if not all, of the Hebrews are either neurasthenics or that they are hysterical.

While prolonged investigation into this statement has led me to take it *cum grano salis,* still I can not help but admit that these two diseases appear in such vast numbers that I am not surprised that men like Tobler produced proof and statistics which seem to show that nearly all Jewish women in Palestine are suffering from more or less hysteria. Neither am I surprised when Raymond goes even a little further and shows us that in Warsaw, Poland, there is not a Jew to be found who is not either a neurasthenic or hysterical. It seems to me, however, that both of these investigators are mixing up the purely emotional sides of the nature of the Jew with hysteria and that many of their cases were temporarily emotional from certain peculiar environments.

The great Kraft-Ebbing called our attention to the exceptional severity with which the Jewish population of Germany and Austria has been attacked by all kinds of nervous diseases. This claim can not be doubted and has since been fully substantiated by Oppenheim, Ferrié, Charcot, and others. In my own practice, the percentage presented by patients of the Jewish race and extraction is very large. The proportion of insane among the Jews is also very appalling, and statistics clearly prove that they are far more liable to insanity than any other nation, and the different statistics in this respect are rather remarkable.

In Italy, according to Lombroso, we have one insane Jew in every 391; thus it appears that the Jews are affected four times as much as the Catholic population. To quote another authority, we find that in 1870 there was one insane among every 1,775 Catholics in Italy, while among the Jews in Italy, at the same time, we find one insane in every 384. The same alarming and rather peculiar condition was found in other countries of Europe. For example, in Prussia in 1880, in every 10,000 population we find Catholic insane, 12.37; Protestants, 24.2; Jews, 38.9. In Hanover, Catholic insane per 10,000, 30.8; Protestants, 29.2; Jews, 62.9. In Silesia, per 10,000 population, Catholic insane, 19.3; Protestants, 22.1; Jews, 32.1. In Bavaria, in 1885, per 10,000 population, insane 16.4; Jews, 27.19. A very much similar condition was found in Russia, and here I am quoting from the proceedings of the "Twelfth International Medical Congress," which gives Russian insane, 0.91 per cent.; Poles, 0.92 per cent.; Jews, 2.19. In the Vienna Psychiatric Clinic, out of 1,219 insane patients treated there, 10.99 per cent. were Hebrews, out of which 64.9 per cent. were men and 35.1 per cent. were women.

In New York City, according to Hyde, who collected the statistics of the admissions of Jewish insane to different asylums from December, 1871

to 1900, out of 17,135 male insane, 1,722 (or 10.05 per cent.) were Hebrews, while from 1895 to the year 1900, out of 3,710 insane patients who were admitted to the different insane asylums of the city, 573 (or 15.44 per cent.) were Jews.

In England, for example, from statistics furnished by Beadle, it can be readily seen that the Jewish men suffer very much from dementia paralytica (21 per cent. of all male insane suffered from this particular insanity), and, taking in consideration the difference in numbers of the Jews as compared with the non-Jewish English, Beadle comes to the startling conclusion that dementia paralytica is 60 per cent. more frequent in Jews than among Gentiles.

Somewhat similar deductions are drawn from statistics which are furnished by Hirschl, who shows clearly that among his 200 cases of paralytic dementia, 40 were Jews, or 20 per cent. of his cases.

In the city of Vienna, statistics show that 18.75 of all paretics are Jews. From statistics furnished by Minor, of Moscow, Russia, we see that general paralysis of the insane was about six times more frequent among the Gentiles than among the Jews. While this is quite possible, it can not be taken as a rule, inasmuch as most of the nervous cases furnished a previous history of syphilis, a disease which is very rare among the Jewish population of Russia, which explains in a way the low percentage of Jewish paretics there.

In contradiction to Minor, we find Korsakoff furnishing us with a record of eighty-nine Jewish patients, sixty-nine of which had paralytic dementia. The acute psychoses are also very predominant among the Jews. Insanity following childbirth, puerperal mania, is more common among Jewish women than among women of other races. Melancholia is also a very strong factor and seems to predominate in many cases.

In conjunction with this, I must say a few words here in regard to paralysis agitans. This disease is certainly very frequent among the Jews. Kraft-Ebbing reports thirty-two cases out of one hundred to be Jews. If you will take in consideration that the Jewish population of Austria Hungary is only about 4 per cent. of the total population of that country, the thirty-two cases of Kraft-Ebbing becomes appalling as it becomes eight times greater than the proper proportion. The same fact in regard to paralysis agitans has been demonstrated in Russia among the Jews of that country, where it was found that paralysis agitans was three times more frequent among the Jews than among the Christians. With the above facts in front of us, two questions naturally come to our mind: First, what are the causes to which we can ascribe these particular ravages among the Jewish race?

This we can answer that we must remember that the Jews are dwellers of cities, that they partake abundantly of meats, and exercise their reproducing functions rather freely; second, that their occupations are mostly

of such a nature as to require exhaustive brain work and brain strain; third, the peculiar conditions and environments to which they have been subjected for centuries, the persecution and abuses, which have produced a marked neurotic influence and taint, which in the natural course of things has been followed by functional derangements of the entire nervous system, and which, in course of time, became hereditary and have been transmitted from one generation to another, producing ultimately nervous degeneration, which accounts for the cases of tabes, paralytic dementia, paralysis agitans, etc.

I do not agree with Bushan and some other writers who claim that insanity is a racial characteristic of the Jewish race. It is true that some evidence of this is found in the Bible, that the ancient Hebrews suffered from mental troubles; but this can not be considered as scientific evidence. The fact must not be overlooked that a neuropathic tendency of one generation may manifest itself as hysteria, while in another generation it will come up in the form of some organic or functional nervous disorder, and then in the form of some insanity.

The second question which arises now is this: Will the Jewish race be consumed by insanity if this ravage makes the same strides as it has made till now? This question I can not answer just at present. It will require further study and more investigation before we can come to a positive conclusion. The figures quoted above, however, are appalling and staggering and should awake us to the means of combatting this scourge, as they also apply to a great many other nationalities.

The danger from insanity is more horrible, more apparent, more close to us than any of the other diseases which we, as doctors, are fighting daily.

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DISCUSSION.

DR. A. J. ATKINS: I have had in my personal experience a great many Jewish patients, and I have noticed this one particular condition—the mental or nervous condition that exists among them. They are usually very nervous and anticipate everything. In my opinion, I think that is largely due to the fact that the Jewish race have intermarried so closely for thousands of years; but, as the doctor points out in his paper, we are not discussing the Jewish race—we are stating cold-blooded facts. One of the important factors in my mind that leads up to this extreme nervousness and perhaps insanity, is the close intermarriage of that race. The Jewish race has very largely isolated itself from contact with the laws of nature. They have been persecuted and have had to develop their commercial instincts to a high degree, and under these conditions they have become financiers and have not observed nature's laws and they are reaping their reward in insanity to-day.

DR. W. E. DANIELS: I would like to ask if the doctor finds that the moral condition has very much to do with the mental condition. Does the immorality in the Jewish nation have a tendency to produce insanity any more than any other people?

Dr. F. M. Andrus: I wonder if some of the peculiar rites of the Jews might have something to do with it. Perhaps orificial surgery might benefit them.

Dr. Adlerman (closing): I am not prepared to talk much about intermarriage. Perhaps it may have something to do with it. Those who know the history of Africa and know the history of the negro race know that intermarriage exists there to-day, and yet they have no insanity among them. The history of Australia shows intermarriage among the bushmen there and they have no insanity. Whether this will answer Dr. Atkins I do not know. Intermarriage may have something to do with producing a certain nervous taint, but whether that will produce insanity is a question in my mind. I am willing to admit that if a nervous father marries a nervous mother the issue probably will be nervous. But when you take an ordinary individual, whether Jew or Gentile, you can not say that intermarriage will produce insanity directly. It may produce a nervous taint, a certain neurosis, but I doubt whether it will produce insanity.

Dr. Daniels' question in regard to morality is a big question, too big to answer. In the first place, what is morality? I do not know what Dr. Daniels means by morality. I do not know what morality is. What may be morality in one section is immoral in another. I would consider it immoral if my wife would dress in a certain way, but we go into the Metropolitan Opera House and we do not consider it immoral to see women dress as they do there.

The Jews are no more immoral than any other race. They do exercise their productive functions very freely, but even then a man may exercise these functions freely, and if he will not abuse alcohol or a meat diet it is a question whether that will produce insanity. The term morality, as we understand it to-day, I do not think has much to do with insanity.

The question of Dr. Andrus, in regard to orificial surgery: Some years ago the statement was made by Dr. Dawson that he could cure any case of insanity by orificial surgery. I said if he could do that he was wasting his time in Kansas City; New York needs him. The reflex irritation may have an effect in developing insanity, but do not think you can cure it by orificial surgery. You can remove the reflexes, you can perform certain orificial surgery, but still we have our 2,700 women in our asylum and as many men in the same institution after a great many men have tried their hand on these cases. If you find a reflex condition that requires surgical treatment, of course remove it, but orificial surgery will not cure a case of insanity. If you think this you will be disappointed.

Dr. E. B. Stevenson: Has not the Jewish race a very low percentage of criminals?

Dr. Adlerman: No, I think it is about the same as among other races, especially since the great immigration from Europe. When the number was limited the percentage was very small, but to-day we have statistics that will show that the average is about the same as other nations.

SURGICAL PATHOLOGY OF THE PROSTATE GLAND.

E. B. Shewman, M.D., Cincinnati, Ohio.

The surgical pathology of the prostate is of interest to every surgeon as well as the general practitioner; to the latter for diagnostic reasons, so as to enable him to deal intelligently with the problem and secure ready relief for his patient.

Prostatic Abscess.—It is usually of gonorrheal origin. It may originate from other inflammations of bladder and urethra—catheterization, sounds, extension by continuity of tissue, hematogenous, following the exanthemata, smallpox, chickenpox, scarlet fever, measles and typhoid fever. Trauma from external source is a rare cause. Abscess may be single or multiple, involving a single lobe or more. May break into the urethra, bowels, bladder, or external through the perineum. They rarely cause peritonitis. Following the evacuation of the abscess persistent fistulæ sometimes remain, which connect the pelvic hollow viscera; occasionally a paraprostatic cellulitis of a severe type develops. Abscess following the exanthemata, I believe, is frequently overlooked and is the cause of persistent symptoms accompanying these diseases. However, suppurative prostatitis is rarely metastatic in septicemia.

Chronic Prostatitis.—Usually described as two types, follicular and parenchymatous, but our experience fails to substantiate this claim. The inflammatory process is not limited to the parenchyma, but there is a periacinous inflammation present in practically all cases, which seems to be the essential lesion in this disease. The acini may be dilated and filled with inflammatory products, or they may be contracted and replaced by fibrous tissue. Associated with the lesion may be a chronic seminal vesiculitis with considerable fibrous hyperplasia around the vesicle. The organ is grossly swollen and of a dirty brownish color. The prostatic fluid contains pus in all cases; its presence does not affect the motile power of the spermatozoa. The most troublesome form of chronic prostatitis, with transformation of a portion of the gland into a chronic abscess cavity that fills with pus and urine, occurs after large follicular abscesses have broken down and drained into the urethra.

Prostatic Hypertrophy.—This is one of the most frequent pathological lesions of the prostate and may be glandular, fibrous, mixed or inflammatory. All may be present in a single case or one tissue predominate. Recent investigation has proven that the glandular element predominates in the greater percentage of cases and the beginning point is close to the urethra and practically always posterior to the urethra. The glandular and fibromuscular types represent true hypertophy. The inflammatory is not true, but is included as representing a form of obstructing prostate.

Gross Consideration.—The gland loses its pyramidal shape and increases in its anterior-posterior diameter and becomes globular in outline. Its external surface is usually smooth and does not present the irregular outline as the vesical portion. The increase in the transverse diameter brings it in close relationship to the pelvic floor and walls. It bulges the rectum behind and the levator ani muscle laterally. It also increases in the vertical diameter and may be extravesical or intravesical; the latter is usually present and produces a sacculation of the bladder, the projection carrying the internal meatus far above the floor of the bladder and away from the bladder sphincter. This protrusion may be regular and cone-

shaped, or unevenly producing the so-called third or middle lobe. Alterations in the internal meatus occurs, normally a dimple on the floor of the bladder; in hypertrophy it is raised and assumes a funnel shape. The urethra is lengthened, the axis is changed and its caliber reduced, and its function interfered with. Hypertrophy produces bladder changes, the most frequent being thickening of its muscular coat, causing marked trabeculation. The bladder becomes distensible, residual urine accumulates in the pouch produced by the intravesical portion, with stagnation comes decomposition, cystitis, and frequently ascending lesions of the genito-urinary tract. When the gland is enucleated, it is lobulated. The tissue may be spongy-like, soft and elastic, the cut surface showing dilated acini and here and there retention cysts from which fluid oozes.

Microscopical.—The acini are dilated, may be prolonged or ovoid, and have complex lumina, due to infolding. The lining epithelium varies with the various acini. One acini may have a double layer, another single of the cylindrical type. The interacinous stroma is composed of fibrous and muscular tissue of varying degree. Prostatic hypertrophy may then be adenomatous or fibromyoadenomatous. We have noted that where the adenomatous type predominates that we have a dilated bladder, and where the fibrous dominates we have a contracted bladder in a large per cent. of the cases. These are the three most frequent types of surgical pathology of the prostate; calculi, tuberculous cysts, carcinoma and sarcoma being rare compared to the above.

SPLANCHNIC NEURASTHENIA—ITS INFLUENCE ON THE NERVOUS SYSTEM AND ITS ELECTRICAL TREATMENT.

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This disease affects the hollow viscera, like the stomach and intestines. It is a pathological condition of the sympathetic nerve centers. These centers govern these hollow organs and, as a result of this diseased condition, the blood supply is imperfectly circulated to them. In consequence of which, imperfect nutrition, debility and anemia may follow and perhaps to such an extent as to make the sufferer a nervous wreck. There is usually such a diversity of symptoms and such a multiplicity of complaints, pains and aches that goes with this disease that the physician is at a loss where to begin or what to do for such a case.

The sympathetic nerve centers governing these organs are usually influenced through some reflex irritation. It is here where orificial methods of treatment will be of the utmost importance in curing these patients. This irritation may be from rectal wrongs, prostatic, uterine or ovarian pathological conditions. A defect of the eyes or the ocular muscles may contribute to this chronic state of digestive and nervous disorders. The mouth may be also a very important factor to consider. In order to get the benefit of what we eat, food should be thoroughly masticated and not

washed down with a gulp before it is half chewed. The stomach can not take the place of the teeth and these should be in good condition. Pyorrhea alveolaris is the most discussed pathological state of the mouth at the present time. This ofttimes is the cause of one of these reflex symptoms and should not be overlooked when making an examination. This is the last stage of this disease of the teeth and is more correctly called periostitis dentalis. In this disease the alveolar processes are affected, which finally, through the destruction of the peridental membrane, results in loosening of the teeth. This can be prevented in the earlier stages, the teeth saved and infection averted by proper treatment. When we realize that perhaps twenty teeth are discharging pus at the rate of one-half drop from each tooth daily, can you imagine the result of this absorption? No amount of emetine, said by competent observers to be a specific for the offending germ—the entameba buccalis—nor vaccines, will overcome this bacterial infection until this necrotic tissue and these pus pockets below the enamel and also underneath the gums have been destroyed, according to the method advised by Dr. C. M. Carr, of Chicago. This consists of planing the diseased portion of the tooth so as to destroy this bacterial breeding surface. When the teeth are cleaned and smoothened, it is astonishing how the receding gum will grow into its normal place and become firmly fixed around the teeth as it should be in the healthy state. It is here then where the vaccines would be indicated so as to rid the system of this long streptopneumococcus saturation. The mentality may also be impaired to such an extent as to border on mental collapse, hallucinations, etc., which may be due to imperfect nutrition as a result from this absorption. No matter from what source the reflex irritation or infection emanates in this splanchnic neurasthenic disease, the infection must be corrected, and, at the same time, treatment for its relief can be instituted.

There is a decided clinical picture of this disease so that a wrong diagnosis should not be made. The patient will usually have a sallow complexion and the features are careworn. Exhaustion and fatigue are usually pronounced. Food does not do the sufferer any good, since it ferments, causes gas, eructations and sometimes pains as soon as it gets into the stomach. It may be there for hours, causing the patient considerable distress; while in others, relief comes when food is finally vomited. This is one of the most pronounced symptoms and is due to the enlargement or relaxation of the muscular walls of the stomach. This condition may also affect the intestines or some portion thereof. Constipation of long standing and of an obstinate nature is usually present. One characteristic symptom which I have observed is distress in the stomach or bowels, due to this gaseous distention, coming on every night about three or four o'clock. The uneasiness experienced is so pronounced that sleep is impossible. This diagnostic point will guide one when making an examination of such patients and help to form a correct conclusion.

In the intestines, the ascending colon will usually be found en-

larged and impacted with fecal detritus of long standing, due usually to this atonic or paralyzed condition of its muscular walls. The cecum may also be in this same distended and impacted condition, and with its attached irritable appendix will give rise to symptoms of appendicitis, an operation for which will give but little relief, since the cause has not been corrected. To add to this distressed condition, usually high arterial tension will be found present, which is due to the absorption of poisons generated within the intestines from this long-continued fecal stasis. To make matters worse, we may find, in conjunction with this constipated condition of the bowels, a discharge of long stringy mucous flakes with diarrhea mucous colitis. This will sometimes cause intestinal colic of so severe a nature that opiates are usually prescribed. This is one of the worst and most pernicious methods of treating this condition, since the medical man will be held responsible for making a narcotic habitue of his patient. This disease usually will be found in those of sedentary habits. Indiscretion in diet and drink is also one great factor in causing this gastric and intestinal exhaustion.

In the treatment of these patients, patience is a necessary quality. Any and all reflex symptoms or sources of irritation of the sympathetic nervous system must be corrected, as previously stated. But these debilitated and paralyzed organs need assistance so as to restore them to a normal condition. It is here where electricity will most wonderfully help to bring this about. There will then be a gradual improvement in nutrition, in the appetite, and in the natural movements of the bowels without any cathartics. It will, however, usually take about four months of treatment. The slow sinusoidal current is one of the best methods, although the high frequency and the static wave current will also be of use. A block-tin pad covered with wet spongeo-pileine, six by nine inches, is placed over the back so as to cover the lower dorsal and upper lumbar spines. Another wet pad, ten inches in diameter, is placed on the abdomen, and both connected to the battery. A slow sinie wave with a current of from forty to eighty volts and registering on the meter from fifty to one hundred m.a., or as much as the patient can stand, is given for fifteen minutes every other day. I find it advantageous to follow this with the vibrator along each side of the spinous processes for three minutes, then on the abdomen from right to left along the colon for a few minutes.

Diet is an important factor. The proteids, such as meat and eggs, should be eliminated from the diet as well as cheese and beans, or cut down to one-half, and then should be thoroughly masticated. Tea and coffee should be prohibited. No liquids should be taken with meals, as this will cause undue distention of the stomach from fermentation and gas will result. Alcoholic beverages should be entirely dispensed with. Bulgarian buttermilk, when it agrees, and a vegetable diet will be more appropriate in the beginning of treatment. This can be gradually changed to a more substantial diet with the improved condition of the patient.

The specific indication for remedies will be found here just as pronounced as in any other pathological state. In the first place, the internal secretions must be corrected, especially any hyperacidity or alkalinity. Hydrochloric acid will be useful where the mucous membranes and the tongue are of a dusky-red and with a brown coating on the latter. Sodium sulphite is indicated where the tongue is broad, with a light, pasty coat and mucous tissues pallid. Sodium sulphocarbolate will be found necessary by the broad pale tongue with a dirty yellow coating. The irritable nervous condition is one of the most obstinate factors to contend with. It is here where strontium bromide will be found an excellent sedative in about fifteen grain doses, three times a day, after meals. This bromide salt will control the obstinate nervousness of this disease so as to enable other indicated remedies to produce the desired effect. It acts as an intestinal antiseptic, prevents fermentation, and promotes a better assimilation of food. It does not impair the mind, nor will it cause anemia; but instead, it produces a healthier tone of mind and body. Aromatic spirits of ammonia, in about thirty drop doses in a glass of water, repeated half hourly to effect, often brings quick relief in gastric and intestinal flatulence, especially where an alkaline remedy is indicated, as shown by the pale, broad tongue. Other remedies may also be indicated in conjunction with the above, as pulsatilla, gelsemium or hyoscyamus. For the relaxed state of the walls of the viscera and to correct gaseous eructations, specific medicines xanthoxylum and berberis, in fifteen drop doses of each, four times a day, will be found of extreme value. The Bulgarian tablets or culture will be specifically indicated in the relaxed state of the bowels, especially where diarrhea is present and mucous shreds or flakes are passed. The above culture solution may also be injected per rectum at bedtime.

A few illustrations will add greatly to the foregoing: A colleague, who overtaxed his physical capacity in the performance of his professional duties, endeavored to obtain relief from his varied symptoms covering a period of about eight years without success. His own efforts at first having failed him he sought relief from his colleagues. His case was diagnosed differently by each one consulted, until he was ready for almost any calamity. He came pretty near being operated upon for appendicitis, cancer of the stomach, adhesion of the hepatic and splenic curvature of the colon or of the sigmoid. All this resulted in such hallucinations that it was impossible for him to continue his professional duties. His complexion was sallow and his features had a careworn expression. Food did him but little good, on account of its fermentation just as soon as it reached the stomach, so that the loss of weight was pronounced in consequence. Urinary examination disclosed indican in excess, which was due to his obstinate constipation. Also the micro-organisms of streptopneumococcus and colon bacilli were found. This was due to an old cystic infection and resulted in pyelitis of the right kidney, which was the cause of a constant

pain. The relaxed cecum and ascending colon also added to this painful complication.

The bowels received attention, both from above and below. Xanthoxylum and berberis were prescribed, also arbutine in one grain doses, three times a day, for the pyelitis. For this latter condition, specific medicine echinacea and urotropin was also taken at various times. Strontium bromide with cactus were about the only remedies which would relieve this nervous irritable condition. The slow sinusoidal current was applied for fifteen minutes on each alternate day. After the first month of such treatment, he said that he could enjoy a good dinner, the first in eight years. Nutrition improved, but the gain in weight was rather slow. The X-ray was used for the pain in the right side and for its influence on the infected kidney. Still the response was not as rapid as desired. So the mixed vaccines of strepto-pneumococcus and the colon bacilli were used in conjunction with the other indicated treatment, with the result of a gain in weight of thirteen pounds in a short time. The pain in the right kidney also gradually disappeared and a consequent desire to again enter into active work in his chosen profession.

Another case of a mining engineer of excellent family and habits, gradually lost much of his accustomed vim and energy, appetite became poor, constipation obstinate and the rectum relaxed with prolapsus when the bowels moved. The slow sinusoidal current was used as heretofore outlined. For the rectal relaxation, the aluminum rectal electrode was inserted into the rectum and connected to the positive side of the direct current battery and a large wet pad placed on the stomach and connected to the negative post. A current of from six to ten m.a. for fifteen minutes, was given on alternate days. Internally, specific medicine collinsonia and horse-chestnut for the rectal trouble was prescribed, and for the constipation specific medicine nux vomica and podophyllum. Thuja suppositories were inserted into the rectum at bedtime. This method of treatment soon restored the gentleman to his old-time vigor and activity.

Another case of a young man suffering from this disease and complicated with hypertension, constipation and astigmatism. His diet and habits were modified and his faulty eyes corrected. He was treated with slow sinusoidal wave as previously stated, and which was followed with the high frequency current, according to D'Arsonvall, with perfect success.

Another case of a lady of middle age, who had profuse menstrual periods. Headache was almost constant. A cervical laceration was repaired and she received positive intra-uterine electrolysis subsequently, but with only slight improvement in her condition. X-ray examination of her teeth disclosed six cystic abscesses on the roots of as many teeth. These were extracted and the cavities curetted. The most surprising factor in this case was observed. The headaches were gone, no more hemorrhages and the uterine functions normal. The lady was given the slow sinusoidal

treatment together with the mixed vaccines, and soon gained her normal health and strength.

Another lady who was sent from one doctor to another to be relieved from nervous and gastro-intestinal trouble, insomnia and hallucinations, received the treatment as heretofore outlined for a period of about four months with splendid results, but would relapse into her former condition occasionally during this period. Her few gold-crowned teeth were now examined and the discharged pus, when this was expressed from underneath the gums, was astonishing. These were removed and the pus cavities curetted. The result of this was that there was no more relapse.

From a resume of the above, it will be observed: First, all sources of reflex irritation of the sympathetic nerve centers must be corrected; second, the relaxed or semi-paralyzed muscular walls of the hollow viscera need the restorative influence of the slow sinusoidal wave current; third, the dry diet is a most important factor as well as its thorough mastication.

DISCUSSION.

DR. W. S. CHARLTON: The doctor's paper was excellent, but there is one remedy that it seems to me we can use in fighting this condition where we do not have an electric current, and that is cascara. It will produce the effect on the intestinal muscles that he gets with electricity.

DR. T. D. ADLERMAN: Splanchnic neurasthenia is a rather important subject and you can not get rid of it so easy as it seems here. The writer describes any number of cases, but there must be some mistake in his diagnosis; he has omitted giving the most important points. He did mention a few physical points, but he did not give a single psychological point, which is very important, as those who handle nervous diseases know. For example, there is not a single case of splanchnic neurasthenia in which you do not find some form of phobia. A very important symptom is the peculiar depression on the brain, especially involving the upper part of the head. And you have peculiar pains in the back of the head in the occipital region; these have not been mentioned. Splanchnic neurasthenia presents so many peculiar types that it is impossible to describe them all, but he ought to describe some of them. There is a peculiar neuroses that in these cases is most interesting. He mentioned a certain case that was treated for eight years and found no relief, but the writer finally cured him. I do not know what this doctor was suffering from. I do not know whether he had splanchnic neurasthenia any more than I did before, because the symptoms were not those of splanchnic neurasthenia. Some time ago, a physician in Boston was suffering from splanchnic neurasthenia. He was doing an enormous business, but whether his condition was due to overwork, to partaking too freely of beverages, or to some sexual disorders, does not enter into the case at the present time. He had reached the stage where he was afraid to drive his machine, he was afraid of running over someone; he was afraid to answer the doorbell because someone might call him and he might not make a correct diagnosis. He finally stopped driving his machine and engaged a man, but he was afraid the man would run down someone. Finally, he gave up the machine and bought a horse, but it was no better. This is what we call apprehensive neurasthenia, and is worth mentioning. The doctor disposes of it so easily that you would think all you would have to do would be to apply this treatment; but you would be

disappointed. It is one of the hardest things to treat. And do not use bromides. If I had a disease and were given a choice of the disease or bromides, I would say, "Give me the disease and keep your bromides." And bromides are not necessary. That is allopathic treatment. You have enough drugs in your own materia medica that will produce results. You have solanum and scutellaria. Splanchnic neurasthenia is peculiar in this, that you must study each individual case, and nobody can lay down a treatment that will apply to every case. Each case presents certain abnormalities.

Now, as to the sinusoidal current. It has been taken up here and there, and I have read a great many articles about it. Some people you know like to write articles, and they claim to get great results with sinusoidal current. It is quite possible I do not know how to use electricity, but my results are not so brilliant as those described in this paper. In splanchnic neurasthenia you can not cure with the sinuosidal current unless you first saturate your patient with the indicated drugs.

The doctor speaks of feeding his patients, but I would not want him to feed me. One of the most important things in splanchnic neurasthenia is to feed your patients morning, noon and night. That is the main thing. You must remember that in a case of neurasthenia there is an enormous amount of waste, nervous waste, and, unless you overcome this loss of energy, you will never cure your case. So much for splanchnic neurasthenia.

Dr. Tuchler: This subject has been chosen by me for the purpose of eliciting discussion. This was such a hard subject to treat, and has racked our brains and so disturbed our rest and peace of mind that it was hard to tell who was suffering most, the patient or the doctor. I have seen patients who barricaded their doors and windows to prevent imaginary foes from entering the room. What we need is not so much the specific indication, because, I presume, you all know that, but we are prone to overlook the orificial cause that may upset the entire nervous system. This patient I mentioned, who had the trouble at the root of a tooth, did not need sinusoidal current or anything else. When her teeth were extracted her trouble was gone. Not so much the remedy, but look for the cause, and you will find the cause in the impingement or depression of the nervous system.

TREATMENT AND CURE OF THE CRIMINALLY OR VICIOUSLY INCLINED.

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In presenting my views upon the "Treatment and Cure of the Criminally or Viciously Inclined, Incipient and Chronic," the records of the past forty-four years were taken as a standard by which to judge the increase or decrease of the two classes of criminals in all stratas of society and all nationalities excepting the Esquimo, and I found that criminality has increased to an alarming extent.

It has been my endeavor to treat the subject with impartiality, stripped of prejudice and barren of sympathy. No effort is made, nor is there any intention upon the part of the writer to exploit a theory of his own or any associate. I will adhere strictly to classification, and my usual course in

describing disease, for it is my opinion that criminality in its myriad forms is an abnormal, physiological, corporeal and psychologcal state of abnormality, contrary to normal physical beings. With this in view I will state my premises as follows: First, Definition of Criminality; second, Etiology; third, Symptomatology; fourth, Pathology; fifth, Prognosis; and, finally, the sixth and most important, in fact, the future peace, prosperity and happiness of all nations depends upon the Treatment and Cure of Criminals and Criminally Inclined.

Definition of Criminality.

A criminal is a person who has committed a mental or physical act contrary to the accepted standards of society and against the established laws and conditions of the community, State or country in which he resides.

The criminally inclined are persons of protoplasmic natures, whose tendencies incline toward the line of least resistance and minor efforts, and whose impulses lead them into hypocrisy and deceit.

Etiology of Criminals.

No being is possible except through germination. Conception can only take place through fertilization of the ovum. A fertile soil is a necessary prerequisite. That is, the father's and mother's mental and physical conditions are essentially first causes; nationality, surroundings and occupations, the concluding causes. Unquestionably, a child begotten by a father who, through physical deformities, disease, occupation, mental or physical association, has impaired the normal germinal power, will certainly tend to produce a being who will possess some or all of his imperfections, modified or exaggerated. This is equally true of the mother.

Symptomatology of Criminals.

Criminals are recognized, first by their mental attitudes, and secondly, by their corporeal conduct. An individual whose mind dwells upon, formulates and executes ideas culminating in acts prejudicial to the welfare, peace and happiness of his fellows, is a criminal, and will, during the course of his existence, cause his associates, if not himself, to become "physically" guilty of crime. Properly speaking, the proportion of guilt is a judicial question and the degree of responsibility must depend upon all the conditions herein above mentioned.

Corporeal conduct of a criminal is a physical act, major or minor, committed against persons, governments or society.

Pathology of Criminals.

Contrary to the accepted definition of pathology, it appears to me an abnormal physiological state, rather than the so-called diseased condition, and is paralleled throughout the life of all criminals and criminally inclined. Cancerous-like, it enmeshes itself in the mental and physical development from the time of germination until death supervenes.

Prognosis of Criminals.

All depends upon the sterilization of the soil in which criminals are germinated, nourished and produced, and whenever these causes can be inhibited or eradicated—and it is my firm conviction that eventually they will be—the future prognosis then has a bright aspect. "Progress" is the guiding star of humanity, and wherever treatment is instituted and carried out, positive, beneficial results are obtained.

Treatment of Criminals.

I think no better course can be adopted, or brighter star inserted in the standard of Eclecticism than the one of prevention. Treatment comes naturally under three stages:

First, the careful mental and physical examination of prospective parents is essentially the stage on which the future of all races depends. That a father and mother shall be mentally and physically normal before they are permitted to produce progeny, no one will deny, and society in general is gradually giving this its attention, which, no doubt, will result in examination of all persons about to, or who have contracted marital associations or obligations.

The treatment for the second stage of criminals necessarily involves mental training and physical correction. Any course adopted by society during the life of any criminal which severs its continuity under the caption of punishment, looking toward establishment of justice which takes the life of the criminal, such as capital punishment, or isolates and impairs continuously the freedom and usefulness of a criminal, as imprisonment for life, is unjust and harmful to the individual and society alike, as is capital punishment. It interrupts the purpose of creation and inflicts an irreparable economic loss.

Third, and perhaps the course which future generations will adopt universally in preference to capital punishment in any form, or long term of confinement, will be the emasculation of the habitual criminal and the degenerate. That is, persons constantly committing criminal acts, after proper mental training, association and occupational changes have been unsuccessful, shall be subjects for emasculation, which, in no way, impairs their usefulness to State or society, but does aid them to control their abnormal impulses and keeps them free from vicious desires, permitting them to live their natural term of life, aiding them in the betterment of themselves, and preventing them from producing their kind, thus relieving posterity of the stigma of criminals and the criminally inclined.

THE CAUSES AND TREATMENT OF PELVIC PERITONITIS.

B. Roswell Hubbard, M.D., Los Angeles, Cal.

By the term *pelvic peritonitis* we are to understand that there is present an inflammation of the peritoneal lining of the pelvis and of the serous

membrane covering the organs located in the pelvic cavity. For the sake of convenience of description the morbid state may be divided into three divisions, viz., the *idiopathic,* or such cases as have their source of infection from within the peritoneal cavity, emanating from abscess formations and sepsis resulting from the entrance into the pelvic cavity of some foreign material through the Fallopian tubes; *symptomatic* peritonitis, resulting from an extension of the inflammation through the contact of tissue from a diseased mucous membrane to the connective tissue, and then on to the peritoneal membrane; cases of this nature may be noted following a septic inflammation of the Fallopian tube or appendix; and *specific* peritonitis, or such as may occur from malignant disease of some one or more of the pelvic organs. That form of the disease following operative measures are generally due to bacterial infection and should come under the head of the first division.

The peritoneum, if in a healthy state. is quite transparent, the underlying tissue showing through it in most part except about the rectum and iliac vessels, where the membrane is thicker and less transparent. It is exceedingly thin over the uterus and tubes . The membrane is exceedingly vascular, and, when inflamed, it appears deeply injected, often presenting a deep hue exuding a considerable amount of serum containing lymph which often changes into connective tissue, forming what is described as adhesions, which soon become endowed with endothelial cells and blood-vessels. The gynecologist has to deal frequently with adhesions thus formed, which often confine the pelvic organs into an inextricable mass of quite firm vascular tissue. During the time the adhesions are forming the patient exhibits but little fever, but often complains of more or less tenderness according to the extent of the organs involved.

Besides bacterial infection as a causative factor producing pelvic inflammation, it may be, and is, often caused by chemical irritants contained in the surgical dressing that come in contact with the peritoneum at the time of the operative procedure. Gonococci infection is most virulent and produces a great amount of serum and lymph to such an extent that, in some cases, if this fluid becomes purulent the pelvic cavity is flooded with it. The infection reaches the peritoneum through the uterus and Fallopian tubes or perhaps the bladder and ureters.

Not infrequently the attack of peritonitis is secondary to a salpingitis that results from a closure of the fimbriated end of the affected tube by the active effusion of plastic lymph. In such cases the peritonitis is produced through the continuity of tissue and not through the medium of the lymphatics as is generally supposed. The tendency of gonorrheal peritonitis is to recur even in cases that seem to yield thoroughly to treatment.

Staphylococci infection produces a limited amount of serum and plastic lymph upon the peritoneum and the adhesions following this form of infection are usually very extensive and firm. The germs finding entrance to the pelvic cavity through the tubes and lymphatics; if by the former, the

peritonitis is usually limited to the area about the fimbriated extremity, but is more extensive if the infection comes through the lymphatics, the degree depending upon the number of lymphatics involved. The morbid state may be provoked by abrading the mucous membrane of the uterus by the passage of a rusty or unclean sound, but the area will not be as extensive as is noted in cases where the infection occurs at the site of a recently detached placenta. The suppurative type of peritonitis often follows the infection through the lymphatics in the puerperal state, not infrequently resulting in an abscess formation in the broad ligament.

While peritoneal inflammation will follow infection by the colon bacillus, it does not produce primary tubal or ovarian diseases. The germ does, however, excite active lymph effusion that often results in adhesions of the affected point to any tissue touching it.

The toxemia produced by the gonococcus and staphylococcus is mild to that excited by streptococci. The latter germ at once excites a septicemic state as soon as it finds entrance into the pelvic cavity, which it does either through the tubes or lymphatics. If by the former, it excites tubal inflammation first and peritonitis secondary, and if by the latter route, primary peritonitis is the immediate result. The virulence of this germ is so pronounced that an abundance of serum and lymph is effused by the peritoneum, which soon becomes liberally charged with pus, eventuating in diffuse pelvic suppuration. This is recognized as the gravest form of pelvic disease, and is usually ushered in with a chill followed by hectic flashes of fever. This condition increases rapidly in severity, often sapping the vitality of the patient to the point of utter prostration, and not infrequently terminating in death within a week following the initiative chill. In cases where the septic conditions are not rapidly fatal the infection is sufficiently active to cause death to the cells appearing upon the surface of the peritoneum. As a common result of the inflammatory action the peritoneum becomes studded with minute granulations, which is soon covered, in part, with lymph containing more or less pus, the latter fluid prohibiting the adherence of adjacent organs.

Not infrequently the destructive forces are so active that the lower pelvis soon fills with purulent fluid, which often emits a putrid odor, very offensive in some cases, and so destructive that the peritoneum becomes denuded of its endothelium and breaks down easily under pressure. The tendency of such cases is toward a fatal termination through the effect the toxins have upon the heart and kidneys, or the production of pneumonia. Take a case of pelvic peritoneal infection exhibiting an unusual amount of resisting power, the great amount of lymph that is exuded upon the peritoneal membrane remains in most part free from purulency and remains sufficiently vitalized to eventually bind firmly together the pelvic organs that press against each other.

From the time the germ of infection enters the pelvic viscera to the production of the inflammatory action created by its presence upon the

peritoneal membrane is recognized as the period of incubation, and this is prolonged according to the vitality of the infecting germ and the resisting force inherent in the individual. As a general rule, evidence of peritonitis becomes manifest within five days after the germ of infection enters the pelvic circulation.

A rise of temperature is an early symptom in the morbid condition, and the degree will be determined by the character of the germ producing it. If it results from gonorrheal infection, it rarely exceeds 102.5° F., and staphylococci infection seldom produces a higher degree. There is more of a variation in the temperature resulting from streptococcus poisoning, it ranging between 103° F., a point reached at the end of the first twenty-four hours, and 105° F., often noted the second and third day. There are intervals that the temperature drops to 100° or 101° F. during the day, depending upon the functional activity of the kidneys and bowels, not an unfavorable condition, but should the temperature remain above 103° F. for two or three days, grave results may be looked for. In cases where an abundance of serum is produced early, following the infection, only a slight rise of temperature is observed, it seldom exceeding one degree, but where the fever runs high the effusion of lymph in abundance is quite probable. The presence of serum is not easily determined by examination, whether much or little; only the opening of the peritoneal cavity will reveal its presence.

Plastic lymph, when first effused on the surface of the peritoneum, is nearly colorless, and within two or three days it becomes, in a measure, organized through the projection into its substance, from the organic structure to delicate nutrient vessels adhering to such organs as lay in touch one with the other. Not infrequently the adhesions are so pronounced that the pelvic organs are bound together in one inseparable mass. In such cases the uterus is found, on examination, to be indurated, immovable, and unusually sensitive to the touch. Cases are on record where the ureters and sections of the small intestines have become involved in the adhesions, crippling their function to a marked degree, the morbid condition remaining or gradually growing worse as the plastic lymph becomes more thoroughly organized.

The rectum is often encroached upon by an abundance of organized plastic lymph, resulting in a strictured state of the gut, unless the rectal pouch is distended with fecal matter, remaining so while the accumulated mass of lymph becomes organized, fixing the canal to adjacent organs presenting sufficient contracting power to empty itself. The many movements of the body occasion a pulling of the adhesion bands, giving rise to sharp, stitching pains that are extremely nagging in character, and, besides, there is always danger of intestinal strangulation by loops of the gut becoming entangled in the pockets formed by the adhesion bands.

The presence of large accumulations of lymph on the floor of the pelvis may be outlined with the finger through the vaginal vault, but the sense of feeling imparted to the finger is quite different from that noted when the

pelvic cavity is partially filled with pus. The latter fluid will impart a fluctuating sensation to the finger, while the former imparts the feeling of fluid but not that of fluctuation.

If the uterus be retroverted and adhered to the rectum, it can not be replaced except by elevating it through the rectal pouch, and even then it can not be retained by any known method. At any time the lymph takes on a purulent condition its presence is generally made manifest by collecting behind the uterus, causing a bulging in the posterior vaginal fornix. The collection of serum usually produces more or less sensitiveness throughout the pelvis, and this feature becomes more marked where large quantities of lymph is effused, but little pain and tenderness is complained of in purulent collections. This is a marked diagnostic symptom that should be made note of in determining the true morbid state.

Tympanites, in a marked degree, is an indication of an extensive effusion of lymph and purulent matter. Serous effusion does not, as a general thing, provoke such distension. The seriousness of this condition is largely dependent upon the nature of the infection, the condition of the bowels, and if treatment has been applied the nature of the medication resorted to. If opiates have been freely used to control pain, or the bowels are locked, distention of the abdomen with gas is almost sure to follow.

Acute pain is produced by pressure over the uterus, tubes and ovaries. These organs are congested and tender, a condition due to primary inflammation. The pulse rate is always increased in frequency, ranging between 100 and 130 beats a minute. Where there is uniformity between the pulse and temperature the chances for recovery are much better than where the temperature is increased two to three degrees and the pulse runs 130 and above per minute. This condition is due to the presence of infection germs in overwhelming numbers, producing great physical shock or toxemia, a pronounced morbid state demanding operative measures to free the pelvic cavity of the pent-up poisonous fluids.

As serious as this morbid condition is, accompanied with fever and marked nervous disturbance, it is seldom ushered in with pronounced chills. This is due, perhaps, to the fact that the peritoneal disturbance is limited to the pelvic region instead of being general in character. However, the kind of infection will determine the presence of rigors. They are more frequently noted in general septicemic conditions than in other kinds of infection.

Nausea and vomiting are common symptoms in the acute forms of pelvic peritonitis due to dyspeptic conditions as a general thing. If this feature of the disease proves persistent it indicates that the inflammation is extending to the abdominal peritoneum and is likely to prove serious. As a result of the intestinal tenderness and pain in connection with the lessened peristaltic action of the bowels caused by adhesions, the bowels are generally bound up, the exception being marked cases of purulent peritonitis. Here we often observe obstinate cases of diarrhea. In such cases, nephritis is

commonly met with, and affections of the heart and lungs, in the form of endocarditis and pneumonia, are often met with as complications.

The treatment of this serious affection is by both medical and surgical measures. To give any promise of relief, these, in one form or the other, should be applied early in the progress of the disease, before absorption or adhesions take place that will cripple, and, in some instances, destroy the function of the pelvic viscera.

If seen early in the attack, the patient should be required to rest in bed and such medical means made use of as the presenting symptoms will call for. The necessary procedure in every case is the control of fever and the cause of the local inflammation. If this can be accomplished, then follows the administration of peptics, tonics and stimulants to support the strength of the patient.

Aconite or veratrum in a mixture with the indicated remedy to relieve local tenderness and pain, which may be dioscorea, macrotys, gelsemium, bryonia, echinacea or belladonna, will find a place early in the disease and will often arrest the progress of the morbid condition. Other medicinal agents may be indicated as the disease progresses, and, if the surgeon be guided by the symptoms presenting in the individual case and prescribe the indicated remedies, much relief will be noted. The moist, pallid, dirty tongue will call for sulphite of soda. The deep red tongue, dry, with collection of sordes on the teeth, muriatic acid in solution with glycerine and water. Sulphurous acid will bring relief to the patient showing a red tongue covered with a slimy brown coating, indicating a septic condition of body.

A 10 per cent. solution of chlorate of potash in peppermint water will be effectual in clearing up a foul condition of body in advanced cases where the breath is tainted with a sweetish, foul odor, especially if accompanied with offensive discharges.

Nausea and vomiting may be controlled by frequent sips of cold ginger ale, a drop of clove or cinnamon oil on a little sugar, occasionally, one-half to a small teaspoonful of the compound tincture of lavender and teaspoonful doses of granular citrate of magnesia in a little water drank while effervescing. However, if the bowels are kept open with effervescent citrate of magnesia or other saline agents, nausea is not likely to be a troublesome symptom.

Pain in the early progress of the disease can generally be relieved with hot fomentations of hops and stramonium leaves, or hot packs wet in a solution of sulphate of magnesia in water, four ounces of the former to three quarts of the latter, care being taken to not expose the abdomen too long while changing the packs. In severe cases of pain an occasional dose of heroin, one-sixth grain, given hypodermically, will be demanded, but opiates should be sparingly given as they lock the bowels, thereby causing an accumulation of gas in the intestines and increasing the pain by pressure.

If given by mouth the diaphoretic powder should be given in preference to any other preparation.

Turpentine stupes have been applied to the abdomen with great relief in cases where there is gas distention, and ice bags when the inflammatory action runs high. It acts both as a sedative and anodyne, relieving the severity of the attack. It should be applied over flannel.

Cathartics should not be administered to keep the bowels open, but an occasional enema of turpentine, one drachm; glycerine, one ounce, and quite warm water, one pint, will usually prove effectual to not only move the bowels, but it will aid in expelling accumulated gas at the same time.

In the more pronounced cases where a large quantity of serum is effused, it may be absorbed while the patient's strength is maintained with stimulants and tonics. Lymph will not be absorbed, and, if found in any quantity in the pelvic cavity, it should be evacuated through an opening made in the cul-de-sac, followed with a flushing of the cavity with normal salt solution. If adhesions between the viscera are found to exist, they should be broken up through an exploratory vaginal section. A purulent collection is evacuated in a similar manner as adapted in the effusion of lymph, and following the evacuation of pus the pelvic cavity should be fairly well packed with iodoform gauze, the presence of which will establish efficient drainage, and besides the antiseptic effect of the gauze through the iodine it imparts, it will be of sufficient strength to retard, if not destroy, the streptococci present in the pelvis.

The use of antistreptococcus serum has, no doubt, saved many lives when used secondary to the evacuation of the pent-up purulent fluid. Heart stimulants are indicated in marked cases of purulent peritonitis in the form of nitrate of strychnia in one-sixtieth grain doses, administered hypodermically. One grain of caffeine every three hours, and an occasional sip of iced champagne or brandy in cases of collapse. Enemas of six to eight ounces of quite warm normal salt solution, repeated every three to four hours, will prove effectual to stimulate vitality in cases of extreme weakness, if the patient can retain the fluid; otherwise, the method of intermittent proctoclysis should be resorted to for three or four days, or longer, if demanded. By this method the saline solution is instilled in the rectum drop by drop, being slowly absorbed, giving little, if any, discomfort to the patient during the time. This method of administering salt solution is especially beneficial in cases where nausea and vomiting is a feature accompanied with a dry tongue and a harsh, dry skin. The bowels should be flushed once every day or two with a quart or more of quite warm salt solution—two teaspoonfuls of salt to the quart of water.

The patient should be allowed plenty of cold water acidulated with lemon juice, if nauseated, and a liquid diet composed of the juices of meat and rich broths, in suitable quantities, alternated every three to four hours. Later along in the progress of the disease, an occasional glass of egg coffee will be strength-giving and much relished by the patient. It is made as

follows: Beat one egg to a fluid, pour a half teacupful each of boiling coffee and milk together, and at once on the egg, stirring briskly at the same time. The mixture is both nourishing and stimulating and will find a place as a diet in all cases as soon as the stomach will retain it.

DISCUSSION.

Dr. H. T. Webster: I was pleased with Dr. Hubbard's paper, but I think he neglected one very important remedy in his treatment, which was very comprehensive and extensive. He gave us the old-fashioned specific treatment, which is good, but I have been using a remedy in pelvic peritonitis that fits in with the treatment he gave us, and that is Kali mur. I think it controls plastic exudate better than any of our old remedies. This is a new specific, comparatively. I have used it in quite a number of cases of peritonitis and cellulitis. Of course, in extreme cases we could not expect so much of it, but in the minor cases Kali mur. will prevent abscess and bring the case to an early termination.

Dr. Hubbard (closing): I did not mention all the remedies that might be used in the treatment of pelvic peritonitis. Those who have treated these cases know they differ in symptomatology, and if we are guided by the symptoms, of course the medication will vary. These remedies I have mentioned I think in a majority of cases will benefit. We do not always get hold of these cases until they are surgical in character. I merely cited the remedies that give general good effects when you get the cases early.

Dr. Coates: I frequently have trouble in getting the bowels to move. Have you ever used subculoyd lobelia in those cases?

Dr. Hubbard: I never gave a dose of it for that purpose.

SOME OF THE NEWER REMEDIES IN OBSTETRICS.

C. D. Harding, M.D., Bellevue, Ohio.

From time immemorial "the woman who travaileth in labor" and those who have attended her have been searching for some means and all means of making parturition safer, shorter, easier. Many things have been done in this line. For instance, the anesthetic to make labor painless but not safer; the giving of oxytocics which make labor more rapid, but neither easier nor safer. There are, in fact, reasons for refraining from giving any remedy to a parturient woman if her labor is progressing normally, even though it may be slowly. In view of the fact that there is plenty of room for improvement in the materia medica of obstetrics, innovations are rather frequent and usually very welcome.

Pituitrin has burst upon the attention of the profession recently with all the glare of a new light, with claims that are extravagant, as the claims of new remedies usually are. When the makers tell us that the second stage of labor will be completed, in a case in which the dilatation is complete, the tract of expulsion free from abnormalities, etc., in twenty minutes, or less, we might say that is to be expected without its aid. This is usually true; but there are cases in which there is sufficient uterine inertia to render the second stage very long and in which forceps have been thought to be indicated, which will respond in a reasonably short time to

the action of pituitrin. The effect of this substance is very powerful, and instances of uterine rupture have been known to result from its use in incompetent hands.

In post-partum hemorrhage, due to relaxation of the uterine walls, it will act more promptly and more vigorously than ergot; but the effect is not so lasting. After injecting pituitrin for this purpose, the attendant should not leave his patient for from two to three hours, as there is a considerable possibility that the uterine walls will again relax and hemorrhage again become profuse. Ergot may be given internally following the administration of pituitrin for the prolonged effect or quinine sulphate in doses of from eight to twelve grains may be given at once or in divided doses.

The scopolamine-morphine combination which has been heralded by the newspapers and magazines recently, as a new star in the galaxy of materia medica and therapeutics, is not new to the profession, by many years; but there are some new phases to its use which will bear attention and study.

The claim is made that there is no cessation of contractions or delay in the progress of the labor under its use, and this claim is substantiated by some of the large clinicians; but private experience surely indicates that labor is prolonged and it seems that the relaxation produced by the scopolamine and morphine tends to inertia and post-partum hemorrhage. In cases where the scopolamine and morphine have been used the action of pituitrin, as well as that of any other stimulant to uterine contractions, is seriously impeded. Hence, the use of the scopolamine narcosis in labor should be restricted to carefully selected cases. Experience has taught the writer that morphine alone, or combined with atropine, will blunt the pains of labor almost as much, if not as completely, as the scopolamine and morphine; and while the scopolamine has the property of destroying the memory of the pains, it does not seem to entirely eradicate them at the time of labor, unless it is given to a considerable amount and then there is likely to be delirium, which is alarming to the friends of the patient. As far as the memory of the pains is concerned, have we not often heard women say that the pains of labor are the hardest to bear and the easiest to forget?

Undoubtedly, the scopolamine narcosis has a place in obstetrics. It can be used to great advantage and with much satisfaction when the labor is progressing normally, with hard, frequent pains and no obstacle in the pelvic outlet; but its use, we believe, should be restricted to this class of cases.

Much can be said, pro and con, relative to these newer remedies in obstetrics. We sincerely believe there is always a tendency in the profession at large to over-rate the new remedies and it is the object of these few lines to counsel conservatism, careful judgment, and a wise use of innovations in medicine.

THE RELIEF AND CURE OF AN OBSTINATE CASE OF ASTHMA.

George C. Porter, M.D., Linton, Ind.

Asthma is a disease manifestly of the respiratory tract, characterized by paroxysms of dyspnea, cough and an oppressive tightness through the upper lungs and throat, varying in degrees of severity, with an underlying pathology, humidity of atmosphere, age, climate, etc.

As to its causes, there is slight differences of opinion among those who have studied it carefully, but for our purposes, at the present time, it will be divided into three kinds, viz.: Catarrhal, cardiac and reflex, or spasmodic. By catarrhal we mean an asthma caused by catarrhal bronchitis, in which there is lessening of the caliber of the lesser air passages, from a chronic thickening of the mucous membrane lining the bronchial tubes, which, under acute aggravations, obstruct the free passage of air to the lungs to such a degree that the patient is made very uncomfortable with cough and dyspnea, until at such time that this swelling may be overcome, and thus allowing free passage of air.

Cardiac asthma, as its name indicates, is due to organic heart disease, which may be from a dilatation or hypertrophied condition, thus mechanically interfering with the expansion of lung tissue in the normal respiratory movements; or, it may be due to pulmonary stasis from tricuspid insufficiency.

Reflex asthma is referred to the respiratory function through the agency of the nervous system. The real cause existing in some other organ or part, possibly far removed from the thoracic cavity. The most common of these causes are: Orificial irritations from either the upper or lower orifices. A hooded clitoris in the female, or an elongated or adherent prepuce in the male, tight sphincters, rectal pockets and papilla, being the most common causes.

The respiratory center as well as the muscular coat of the bronchial tubes are under control of the sympathetic nervous system, so it can be readily seen how great irritations at the orifices of the body may cause a spasmodic closing of the lesser air passages by a contraction of the circular fibers of the muscular coat, and in this way hamper the respiratory function. Other diseases of the uterus, or ovaries, prostate or kidneys may be the cause of severe asthmatic attacks.

It at once becomes obvious that to successfully treat any case of presenting asthma, is to first ascertain the cause and classify the case accordingly, and proceed to remove the cause, or as much of it as is possible, and the sublime satisfaction can be had that your patient will improve, in a direct proportion that you have been able to remove this cause. I can not help but feel that most cases of asthma to be met with, and especially in the young, are reflex in origin, and that proper attention to these matters in early life will prevent a great strain of chronic suffering in after years.

But to make plain the subject of this paper, I shall refer to a single

case of obstinate asthma, as I treated it. J. W., a French girl, rugged and well developed as to physical make-up, aged fifteen years; had been menstruating regularly since twelve years of age, but with a good bit of pain at times. Family history good. A story of having suffered attacks of bad cough, with much tightness and distress in the precordial region, at times since twelve years of age, but with increasing frequency and intensity, in spite of all that had been done for her by her attending physicians, which had not been a few, was given to me. I was called to see her during an attack that had been on for two or three weeks, during which time she had been able to lie down only a few times. She was very uncomfortable from tightness and smothering, and from lack of proper rest. Indeed, she was a pitiful object to behold, pale and anemic, cold extremities, dirty and ungroomed and exerting great effort to breathe. Being unable to lie down, I had her sit in such position on the chair that I could make a digital examination of the vagina and rectum.

On finding greatly elongated labia majora, a highly sensitive vaginal orifice and a tight anal sphincter, I knew that I had reflex conditions to deal with. In this position I inserted the rectal speculum, and dilated as well as circumstances would allow, which had a very decided effect over the breathing of the patient. I now gave her a syringeful of subculoyd lobelia, and in the course of ten or fifteen minutes she was sufficiently easy to lie down. Then a more careful examination of the labia, clitoris and vaginal outlet was made. Labia elongated to the extent of two inches were found; a clitoris perfectly hooded and with sensitive remnants of the hymen.

I at once advised that she be removed to the hospital where these matters could best receive attention. Seeing the temporary relief that had been afforded by the procedures so far led the parents to believe that possibly I did know what I was talking about. After assuring them that nothing else could be done to relieve the girl, they consented and had her taken to the hospital. After proper preparation she was anesthetized and put on the table, clitoris unhooded, labia majora amputated, remnants of the hymen and vaginal papilla removed, uterus thoroughly dilated and a soft rubber dilator left in the cervical canal for three weeks, rectum thoroughly dilated and all pockets and papilla removed.

The after treatment consisted in drop doses of sp. lobelia every two hours, with 1/60 gr. strychnia nit., three times daily. Thorough elimination of the bowels and a regulated diet. The medicine was continued about three weeks. Patient was able to resume studies in high school ten days after operation, never missing a single day thereafter during the term. Nor has she suffered any of her former attacks since the operation up to the present time. Her general health has much improved, and all indications point to the fact that she is cured from her former condition.

DISCUSSION.

Dr. H. L. Henderson (Oregon): I can not say that I have any real criticism to offer, but in my several years' experience I have learned to narrow down my definition of the word "asthma." The doctor in his opening sentences speaks about "catarrhal asthma," "cardiac asthma," and "reflex asthma," and defines each of them. Now I wonder if the doctor is not ready to admit that catarrhal asthma is essentially bronchitis with dyspnea as a prominent symptom. When he speaks of cardiac asthma and defines it, he is speaking of a congestion of the lesser circulation. Thus you see that, in my humble estimation, two divisions are eliminated, and we have nothing left but reflex asthma, asthma arising from some reflex. It strikes me that that would be a better classification of the subject. When we speak of a catarrhal condition of the mucous membrane, it is bronchitis. So to make our definitions more explicit I am inclined to think that in the case to which he refers, at any rate, we have nothing left but reflex conditions; otherwise, so far as the doctor's experiences are concerned, I presume that everyone of us will corroborate what he has said about the reflex orificial irritation. It is something that occurs in every man's practice if he has his eyes open and ready to observe these cases. The doctor says it is a disease of the sympathetic system. I will take issue with that. It is a wrong function of the nervous system.

Dr. J. B. Horner (Iowa): I enjoyed the paper very much, and especially the description of the case. But the author of the paper and the doctor that just discussed it left out the definition of asthma as we learned it forty years ago, "I breathe with difficulty." It was taught at that time that it was a contraction of the rings of the larynx, undoubtedly due to some nervous irritation, and in the doctor's case, I presume, that was right. It is quite common to use the term "cardiac asthma," and some of the most distressing cases were of that region where there had been no history of asthma, and I have seen patients who could not lie down for week after week. But true asthma comes on with spasms and the patient almost dies from the terrible dyspnea, and you have to relieve it with lobelia, or ether, or smoking, or something like that. That is true asthma. But cardiac asthma arises from insufficiency, from aortic stasis or mitral regurgitation, which are closely associated. In that kind the patient suffers all the time, but worse at night. On the whole, I appreciate the doctor's paper very much.

Dr. William P. Best (Indianapolis): I was both entertained and interested in the good paper read by Dr. Porter. He has spoken particularly and specifically as to the treatment according to his experience, and I consider that the relief of reflex disturbances is a part of specific medication when such exists.

What I wish to say just now pertains particularly to the efforts of our old school brethren in their casting about for specific remedies for conditions through their scientific research, and while many of our members decry the use of so-called bacterins, I wish to relate some observations I have made from the use of bacterins, particularly in the treatment of asthma. The treatment of the case to which I refer was one with a catarrhal disturbance primarily, followed by more or less auto-intoxication, resulting from catarrhal conditions. In several cases coming under my observation, both of the type known as "rose-fever" or autumn cold, and hay fever, periodical asthmatic conditions followed through the year following any

exposure, with a renewal of catarrhal conditions. The remedy applied in these cases grew out of investigations made by bacteriologists, and they determined that some of our catarrhal conditions have their origin in certain kinds of bacteria. For this reason they have advocated the antagonism of this disease by so-called bacterins, and their efforts in this direction are along the lines of specific medication, in so far as they get the specific germ in each case and apply the remedy for each condition as found. However, not being able in many cases to get the specific factor, the specific bacteria, they have made what they are pleased to call mixed bacterins containing the killed bacteria, which they find in different cases of this type, and in some instances which I have been unable to relieve by any other measures I have been astonished by the relief that has followed one, or two, or three, and, in a few instances, four doses of the so-called bacterins. This is not a dream. I long resisted these things myself because they did not appeal to me, and felt more or less antagonistic to this type of treatment. Like many others, I felt the introduction of this poison into the system was hardly along the line of rational medication. But I am compelled to modify my former opinion in these things from my own observations. Whether or not this investigation be strictly scientific, and whether they will bear the scrutiny of future observation and be continued as a part of our practice, remains to be seen; but the experience I have had leads me to at least modify my former opinion of these things, and I have several cases that were relieved very much by the treatment, much more, so the patients say, than any other previous treatment they had received at the hands of any physician.

Dr. Charles Clarke (San Francisco): Your secretary is a man after my own heart in regard to bacteria. I have had quite a lot of experience with bacterins, and while I am sure they would not cure a case of reflex asthma with the conditions the doctor describes, I am more than certain that in a great many cases of asthma due to direct infection, the bacterins will give you beautiful results. They are specifics of specifics, there is no question. Sometimes they fail, but that does not necessarily mean that we should never use them. In our State society I talk for the biological products a good many times, and while they will not cure every case, because you can not succeed in isolating the organism, if you can do this you will get results.

Dr. F. M. Andrus (Nebraska): I just want to bring out a point or two in regard to the kinds of asthma and the danger that might be connected with one particular kind of asthma that we meet sometimes and do not recognize. That is, the exophthalmic goiter, especially without the enlargement of the thyroid gland. We frequently have an apparent asthma where the doctor's orificial work might be rather dangerous, even though we might have large labias or a hooded clitoris. In that condition we have a similar condition to asthma, but it would be very dangerous to operate. The bacterin treatment for asthma, I believe, is yet in its infancy. I do not believe we have specific indications for the bacterins yet, and I am inclined to believe that the Eclectics are the ones who will save the day for the serums and bacterins. I believe it is up to us, and I believe the one excuse for our being alive is this.

The doctor, in his paper, did not mention the fact that there was an intestinal condition in this case, but he did mention the fact that he cleaned out the intestinal tract very thoroughly; he also mentioned the fact that

the patient was taken to a hospital; also that the patient was in a very unpleasant condition, similar to the boy who was sent to school with such an unpleasant odor that the teacher sent a note home that he must be cleaned up, and the mother replied that he was sent to school to learn, not to smell. The doctor cleaned his patient up both internally and externally. We frequently have an asthma from an auto-intoxication or intestinal stasis, or from other conditions of the intestinal tract.

In regard to the use of serums, the germ must be isolated, as Murphy, of Chicago, is doing, and a culture made and injected. In that way we probably will get rid of many dangerous results from the use of bacterins or serums.

Dr. Geo. C. Porter: I did not intend this paper for the last word on the pathology of asthma or the last word on treatment. There has been some mention made of the divisions of asthma as given here, and I want to confess it is original; I did not read it in a book. I understand that chronic conditions will, after a long time, come to organic heart trouble, so I believe that a long-standing reflex trouble will cause a hypertrophied state in the fibers of the bronchial tubes that will cause asthma, and I do believe that reflex conditions are a prominent factor, and when you remove that reflex in childhood you remove a number of unpleasant symptoms in later life. My paper was only intended to point out the fact that these divisions should be separated in a class by themselves. I am satisfied that if you will look early in children or those in middle age, you will find some sort of reflex conditions that will give rise to trouble, and when you remove that reflex condition you will find you will have satisfactory results.

WATCHFUL WAITING.

Geo. H. Smith, M.D., Kansas City, Kan.

From the standpoint of a general practitioner endeavoring to specialize somewhat in obstetrics and obstetrical surgery, it is very apparent that too little attention is paid to the expectant mother until the actual time of confinement. As eternal vigilance is the price of liberty in a political sense, so is everlasting watchfulness part of the price of successful obstetric practice. Too many of the sequelæ of confinement and much of the trouble at the time are the results of lack of care and lack of oversight of the pregnant woman. Part of this is the fault of the patient, who refuses to put herself under a physician's care until necessity drives; part is the fault of the practitioner who, through carelessness or lack of knowledge, fails to detect danger signals in time and part is the fault of the school training of the aforesaid practitioner, where much more time is given to training for subjects of less importance than that of obstetrics.

In my own practice, I insist that from the beginning of the gestation period, the patient shall be under my care, that she shall submit to examination when necessary, and treatment if needed, either medical or otherwise. Who has not been called to patients at the very hour of confinement and been confronted with eclampsia or contracted pelvis or some other wrong

which might have been provided against if discovered in time. Especially is this true in primipara.

Special attention should, of course, be paid to urinalysis, making it as often as the necessities of the case seem to demand. If the condition of the urine is all right, be thankful; if abnormal, give the indicated remedy and make sure it does the work. Watch the digestive organs. The physician who allows his patient to suffer from indigestion or hyperemesis gravidarum, without making efforts to correct these conditions should not be allowed to practice obstetrics. Very few cases of these disorders are supremely obstinate. It may require more than one trial to find the specific remedy for the existing condition, but almost every case may be relieved and the majority cured if careful attention is paid to the basic cause.

I like to be consulted in the matter of proper clothing for the pregnant patient and insist also on prescribing somewhat of a carefully selected diet in the latter months, not restricting it too much nor allowing too much freedom, being guided by the needs of the individual.

As to exercise, the obstetrician will usually find it necessary to give advice and instruction along this line. Unless instructed, one patient will overdo and another will probably do nothing. We know that the one who does too much may bring on premature labor, and one who exercises not at all, will have trouble to compel her soft muscles to do the work nature intended when the time of parturition arrives. If I were to fill a medicine case for the use of the patient during gestation, there would be included macrotys, caulophyllum, ant-acids, some form of digestant, some harmless laxative, some diuretic and always as a partus preparator, mitchella repens.

Some of these may be badly needed, some not at all, but I always give mitchella as a routine practice and am sure that it has saved my obstetrical patients many hours of labor and much pain.

In conclusion, let me say that one of our most pressing literary needs, as a school, is an up-to-date work on obstetrics by an Eclectic writer.

OIL ANEMOPSIS (BARNES), A NEW REMEDY OF VALUE IN CATARRHAL CONDITIONS.

J. Fraser Barbrick, M.D., Los Angeles, Cal.

Historical.—The plant Anemopsis Californica, of the natural order Piperacea, is a native of Southern California, Mexico, and some parts of Central and South America. Its medicinal properties and healing and curative virtues are well understood and it is much used by the natives of the sections in which it grows; and as the "Yerba del Mansa," the "mild herb," or "herb that mitigates," that is, cures, it has been used for years by the Mexicans as a domestic remedy for colds, coughs and bowel troubles. Under the name of water plantain it was first brought to the attention of the Eclectics of Southern California, by Dr. Ovid S. Laws, sometime

professor of specific medication and diagnosis in the California Eclectic Medical College, Los Angeles, California, and was introduced into Eclectic medicine by Dr. J. A. Munk, as a new remedy for catarrh, and through his efforts was added to the list of specific medicines.

On the strength of Dr. Munk's article, "Anemopsis Californica," read before the Los Angeles County Eclectic Medical Society and published in the California Eclectic Medical Journal, February, 1909, I began the use of the remedy in my private practice and college clinic, and while I became enthusiastic as to its value, I was not satisfied with the aqueous, glycerinated, and oily solutions of the tincture which we were then using for local application, because of their somewhat irritating action in some cases and slightly painful or unpleasant sensations in others, due, I believe now, to the menstruum and not to the remedy. Later, during a talk with Prof. S. O. Barnes, botanist and chemist of Gardena, I spoke of the above disadvantages and discussed with him the possibility of overcoming them. As a result of my suggestions, Prof. Barnes took the matter personally in hand and in due time perfected a bland non-irritating emollient preparation, oil anemopsis (Barnes), which I have been using with the utmost satisfaction the past two years in my nose, throat and lung work.

Preparations.—Oil anemopsis (Barnes) is made by digesting and processing for a definite period the powdered dried root of Anemopsis Californica—Spanish Yerba del Mansa—with a neutral petroleum oil of high grade at a temperature of between 65° to 71° C., 150° to 160° F.

Besides oil anemopsis (Barnes), an anemopsis lozenge or wafer, which will be found convenient for throat troubles and for internal administration, is manufactured. Both preparations are put up and supplied to the profession by Sewall O. Barnes & Sons, manufacturers of physicians' supplies and pharmaceutical specialties, Gardena, Cal.

Properties.—Oil anemopsis (Barnes), is antiseptic, anti-blennorrhagic, bactericidal, deodorant and emollient, with soothing, healing, mildy stimulating and slightly astringent properties when applied to inflamed and congested mucous membranes, granulating surfaces, old sores, and open and bleeding wounds. It is a stimulating expectorant, a mild diuretic and diaphoretic, a urinary antiseptic and vesical sedative, an aromatic and tonic stomachic, carminative and sialagogue, and especially valuable as an antifermentative and intestinal antiseptic.

Action.—Dr. Munk, who probably is more familiar with the medicinal properties and therapeutic action of anemopsis as a whole, than any of us at the present time, gives the following as its action, manner of use and indications in nasal catarrh:

"When the spray first touches the Schneiderian membrane, it causes a decidedly warm, not to say painful, sensation—the painful or irritant action

is absent when oil anemopsis (Barnes) is used, which excites a copious secretion and discharge of mucus from the nose. The unpleasant feeling of irritation soon passes away and with it the full, stuffy sensation in the head, which always accompanies catarrh or colds. The nostrils are thus cleansed of secretion, the congested pituitary membrane relieved and breathing by the nasal route re-established. It is indicated in all colds of the head and in catarrh of the nose and throat, either acute or chronic. I keep an atomizer constantly charged, ready to use in emergencies, and employ it promptly and freely on the first hint of a cold, which usually ends the attack. From one to half a dozen applications can be made during the day, according to the nature of the case. As a rule, an acute attack yields quickly to the remedy, but a chronic case naturally requires more time to effect a cure. In applying the spray, the head should be thrown slightly backward and the spray snuffed up the nose until it is felt or tasted in the throat. Sometimes it needs to be used with a suitable tube and tip through the mouth, and the spray thrown directly into the post-nasal space, pharynx and larynx. The taste of the medicine is not unpleasant and if any of it is swallowed during the act of spraying, no harm can possibly result, as it is intended for both local and internal use. I have administered anemopsis almost exclusively for catarrh of the nose, but do not doubt that it is healing to all mucous surfaces. I also give it internally for cough and cold in the chest, with good results, and I find it beneficial in catarrhal conditions of the alimentary tract."

While the foregoing quotation from Dr. Munk's article referred to the use of anemopsis in the form of an aqueous, glycerinated, or oily solution of an alcoholic tincture of the remedy, it applies equally well and even better to oil anemopsis (Barnes), which has all the virtues with additions, and none of the previously mentioned disadvantages for local use of the older preparations; and its field of application and beneficial results are, therefore, correspondingly enlarged and increased.

Uses.—Oil anemopsis (Barnes), has its most useful field in diseases of the mucous membranes, especially in catarrhal conditions of the respiratory tract. For nasal affections it can be used freely as a spray or nebula or on tampons and packings. As a dressing and post-operative treatment after intranasal operations, I have found it invaluable. In atrophic rhinitis and ozena, it has given me more satisfaction than any other treatment I have thus far used. It is in these troubles its disinfectant, antiseptic, stimulant, deodorant and healing qualities are so well demonstrated. In such cases, for the removal of scabs, crusts, etc., I pack the nasal cavities carefully with gauze or cotton saturated with the oil and allow it to remain from fifteen to twenty minutes. On removal of the packing or tampon, the nasal mucosa will be found bathed in secretion, which has loosened the crusts and scabs and made their removal without trauma or abrasion, easy. The nasal passages being now thoroughly cleansed and freed of all diseased

and irritating material, I carefully massage the mucous surfaces with a cotton-wound applicator dipped in the oil, after which the cavities are thoroughly sprayed with a heavy oil spray and the patient is instructed to use the oil spray at home twice or three times daily, reporting at the office *once* or *twice* a week for the more thorough treatment.

In all forms of rhinitis, whether acute or chronic, I have found oil anemopsis (Barnes), most valuable as an adjunct to whatever other treatment is indicated or used.

For colds, tonsillitis, pharyngitis, laryngitis, it should be used as a spray or nebula in nose and throat, and, in addition, the anemopsis wafer (Barnes), should be dissolved slowly in the mouth, one every fifteen minutes to two hours, as indicated. For coughs, croup, bronchitis, asthma, etc., in addition to the above, it should be inhaled as a vapor from a cup, or steam kettle, and from two to ten drops of the oil on sugar should be given every thirty minutes to two hours, thus obtaining its diuretic, diaphoretic and expectorant action as may be required.

In hay fever it is especially valuable, in my opinion. While my experience with it in this trouble has not been extensive, in the cases treated I have noted its action about as follows: It reduces congestion, lessens the hyperesthesia, controls and modifies the acrid, watery discharge, allays the irritability of the mucosa and the peripheral nerves supplying it, rapidly promoting their restoration to normal, and seemingly raising their resisting powers to dust, odors, pollen and irritating substances. When used early and freely, it greatly modifies and lessens the severity and length of the attacks, and appeared to me to prevent recurrences, thus suggesting to my mind the possibility of its being a preventive of this most distressing condition, if we knew how or when to apply it for such a purpose.

While my personal experience with anemopsis has been limited to the foregoing, according to Dr. Chas. H. Ervin, who has used the remedy extensively, oil anemopsis (Barnes), is invaluable in intestinal troubles of a fermentative and catarrhal nature, and he substitutes and uses it in all cases and conditions for which the Russian petroleum oil has been exploited or is indicated. And according to Dr. Clinton Roath, it has a definite value and place in the treatment of catarrhal conditions of the genito-urinary tract.

DISCUSSION.

Dr. Charlton: Is there any similarity between the action of this drug and eucalyptus?

Dr. Barbrick: Yes, I think there is quite a similarity in many ways, but I think its field of action in catarrhal conditions is better as far as my experience has gone than it has been with the straight oil of eucalyptus, or the diluted oil that we get at the present time. There is an oil of eucalpytus that we are working on now that has been suggested by this oil, an oil made from the blooms digested in petroleum oil in this same way, but I have not had enough experience to speak of it yet.

Dr. H. T. Webster (Oakland): One point Dr. Barbrick did not bring out I would like to emphasize, and that is the marked antiseptic character of this remedy. I have a bottle standing in my office now that I prepared over a year ago, about ten or fifteen drops to an ounce of water, and it is good yet, just as good as when I prepared it.

Dr. Coates: Has the doctor had any experience with this remedy in the treatment of acute otitis media? We frequently are beseiged for the treatment of this condition, and the method we have used is to reach the condition through the nasal passages. From the description the doctor gives of the remedy it strikes me it should be valuable as a remedy in this condition.

Dr. Florence Stir Smith (Newark, Ohio): I wonder if that remedy is a local remedy. I tried it a few years ago but did not get results, and I would like to know if any one in the Central States has used it.

Dr. Barbrick: Replying to the doctor's question, I have not had any experience with this remedy in otitis media. We all get into a rut, probably, and I have other treatments that serve me well in such cases and I have been going along with those. Our work with this has been slow—I have been two years digging out what I presented this morning.

In reply to the lady I would say that she probably refers to the remedy in the form of a tincture. It was because of the unsatisfactory results that we got from the older preparations that we have endeavored to produce a new one, and I think in this remedy we have overcome a great many of the unsatisfactory things that attended the older preparations.

Dr. Best: Will you tell us where this can be obtained?

Dr. Barbrick: S. O. Barnes & Son, Gardena, Cal.

PSYCHO-THERAPEUTICS.

F. S. Peck, M.D., Oklahoma City, Okla.

It has been said that the world is controlled by suggestion. It is a popular error that suggestion is practiced only by medical men, and chiefly by hypnotic suggestion. As a matter of fact, everyone's life is full of suggestion. We can not escape its influence. We are constantly influencing others or being influenced by them. There are people who scarcely ever act from motives originating within themselves, but whose entire lives are lived out in obedience to the suggested ideas and feelings of others. The feelings of affection, esteem, awe, or fear for those who are talking to us, inspired in us surreptitiously prepare the paths of our understanding, and our reason is often taken in trap. Somebody's optimistic reflection can give us strength, and, on the other hand, his ill-humor can take away all of our enthusiasm and energy. Some individuals seem to have a winning way about them, and are able to induce others to fall in their way of thinking and have them do for them what they wish done. We let ourselves be captivated by their superficial eloquence, by the charm of their language.

Even the most resolute characters are influenced by suggestion. It only requires that the suggestion should be made artfully. The idea

need only be introduced discreetly and gradually in order to succeed. By indirect suggestion the subject has no consciousness that his views are being modified. If a man tells another man Mr. So-and-So, in whom he has complete confidence, is a cheat, the suggestion will be resented, but if he gradually reasons it out in his friend's mind, the former trust is likely to be shaken. Besides, such new idea introduced almost unnoticed, is likely to lie latent for a period and when it does assert itself, it will appear to the subject to have originated within himself. The training of children is almost wholly by suggestion. Next to the personal influence, the suggestions received during school life have the greatest influence on the formation of the future character. No one needs to be told how completely a suggestion, true or false, will take control of children's minds. Their good manners are easily destroyed by bad company and their minds can be corrupted by what they see, hear or read. To a less, but yet a very important extent, the same method is operative on older children. The example of his associates in the family, or out of it, is more potent in the formation of his character and habits than are all the precepts that are dinned into him. Moreover, suggestion lies at the bottom of all forms of moral and religious training. It is, in fact, the basis of education. It has been practiced on all of us, sometimes reinforced by the application of more or less violent bodily stimulant, which help to impress the suggestion more deeply on our mind.

We are all open to suggestions, only some are more so than others. Some persons are disposed to allow themselves very easily to be influenced by others. Some masters can give their orders and directions and see their employees flying to fulfill them; others can shout themselves hoarse and even use the whip, and still they are disobeyed. Again, some servants and employees are so easily influenced that they serve almost any master's will, while others can not keep their position more than twenty-four hours in one place.

The attachment of social life depends, to a great extent, on the degree of power of making the receiving suggestions and the firmest friends and the happiest couples in life are frequently those who are in this respect well matched. To know the characters we are in daily contact with and the influence which draws out their best, and represses their worst, is to have mastered the chemistry of domestic bliss. The measure of pleasure we get from life depends entirely upon the condition of our own mind. Some people can be happy, even in misery, and millionaires have been known to commit suicide because of some trifling misfortune.

Books are often bought because of their suggestive titles. Fashionable clothes are bought because of the suggestion of wealth and respectability. Certain foods, the habit of open or closed windows, idiosyncrasies and hobbies often create the pleasures of comfort, or displeasures and discomforts,

not because of their actual effect, but by suggestion. The mere suspicion suffices to set up the greatest agony. There are certain classes of persons whose intellectual labors are characterized by suggestibility in a very marked degree. Poets and artists are the most conspicuous examples. An artist depends, to some extent, on his powers to create particular feelings in those who contemplate his work. This is true of the fine arts, and more particularly of the works of musical genius. Musical sounds have a mysterious language of their own which human beings and even some animals intuitively understand, and to which they immediately respond. Thus, the powerful organ of the church may move a man whose belief has perhaps been severely shaken to pray for forgiveness of his sins. When no preacher could reach his subjective mind, sacred music resounding in the lofty, dimly illuminated cathedral, will carry his mind to spiritual heights.

What is true of the artist is also true of the writer. What can flatter an author more than to hear that his novels make men and women laugh and weep, or was effective in creating good morals, or wicked conduct? And what is the object of the dramatist and actor but to suggest certain thoughts and feelings to the audience, to make them think, laugh or cry, and although the transferred emotion may be suppressed, it is usually not lasting.

Even in business suggestion plays an important rôle. The best salesman is he who can dispose of goods that the purchaser had no intention to buy—at least not at the price asked. The best buyer is he who can make a man part with his goods at a figure which he regrets as soon as he leaves his presence. The art of advertising depends almost entirely on its power of suggestion. The daily repetition of a statement suggests that the assertion is a fact.

Politicians act by suggestion. In politics, as in daily life, people follow a leader, sometimes against their real interests and convictions. Think of the extraordinary influence of a strong personality like Napoleon, Bismarck, Gladstone, Lincoln, and many others. Politicians sometimes give each other bad names in the hope that the voter may be influenced by them. A few cleverly chosen words may suggest to a whole mass of people a political truth or untruth, people not stopping to inquire the reason, but following the suggestion like a flock of sheep. History, and more particularly the history of civilization, affords striking instances of the mighty effects of suggestion. Whether we are dealing with social, religious, or political events, or with artistic tendencies and scientific currents of thought, the suggestibility of crowds throws light on many phenomena. A word or a cry may seize a whole mass of people in its suggestive grasp, so that it is carried away to acts of enthusiasm or destruction like a wild and will-less herd.

Suggestion is a process of communication of an idea to the subjective mind in an unobtrusive manner, carrying conviction, when consciously there is no inclination for its acceptance, and logically there are no adequate grounds. Suggestion is an indirect process, while persuasion is a direct one. Suggestion enters the understanding by the back stairs, while logical persuasion knocks at the front door. Suggestion may act through obedience to a person in authority, whether real, assumed or self-constituted. Some people will obey any authoritative tone and manner. Reason is quiescent because of their faith in the authority. Suggestion may act through repetition. We have heard certain things affirmed, over and over again, until we have come to accept them as veritable facts, notwithstanding that we possess not the slightest personal knowledge of or any logical proof concerning them. Thus public opinion is moulded. Repeated shrugs, sneers and insinuations of gossips have destroyed many a reputation. Constant dripping will wear away the hardest stone.

Suggestive may act by the suddenness with which it is made, which gives no time for observation and induction and causes a suggestion to be accepted and immediately acted upon. Tell a lady comfortably seated in an arm chair that there is a mouse crawling up her dress, and her mind will be immediately filled with the idea to the exclusion of everything else, and she will immediately jump up. The idea, through its very suddenness, overflows into action at once before her objective mind has time to act.

Suggestion may act through imitation. Many of us imitate without reflection. Few of us can be with people who have peculiar habits of moving, without feeling a tendency to imitate them. As is well-known, stammering is frequently communicated from one child to another. The matters that are not of vital importance to the conduct of life, such as fashions in clothes and in food, we slavishly imitate our neighbors; and even in weightier matters, such as systems of belief or moral standards, we tend to adopt without question, those that we find around us.

Suggestion influences not merely our mental states but can affect the bodily functions. It is a fact of observation that pleasant, joyful, exalting emotions are accompanied by a feeling of well-being and capacity, by an increase in the vital functions and an invigoration of the whole organism; while, by certain depressive and distressing emotions, the contrary effect is produced, and the nutrition of the body suffers.

Everyone knows how the receipt of an unpleasant letter may make us lose all our appetite for food, and even cause us indigestion or headache; how fear may actually paralyze the muscles, and keep us "rooted to the spot"; how long-continued grief or mental strain will sap the strength of the body. On the other hand, our mental disposition can be influenced by the bodily functions. Nobody is constantly the same self. Not only is one a different self at different periods of one's life and in different circum-

stances, but also on different days, according to our different bodily states. Sanguine and optimistic, gloomy and pessimistic, frank and genial, reserved and suspicious, apathetic or energetic. Although our intellectual powers remain the same, our judgment of the objective world and our relations to it are quite changed, because of the change in our moods and the bodily states which they imply. It is evident, therefore, that not only can the body be weakened through the agency of the mind, but it can be strengthened by the same agency.

By concentration of attention we mean the act of fixing the mind intently upon one particular object to the exclusion for the time of all other objects that solicit its notice. Such an act of concentration of attention is necessary to every exertion of consciousness. Without some degree of attention, no impression of any duration can be made on the subjective mind or laid up in the memory. The more we concentrate our attention on a particular subject, the less we notice other concurrent impressions, not only of the words uttered, but also of the sounds in the air, and of its temperature, or odors, the forms, colors, lights and shades—all associating themselves with the thoughts conveyed—but we exclude all these impressions from our objective mind, although they may be noticed by our subjective mind. The more we concentrate on a subject in hand, the less we notice also our internal sensations. A vigorous concentration may make us forgetful, even of pain. From the candidate in a competitive examination who forgets his toothache till he comes out again to the soldier in action unconscious of the bullet wound till he faints from loss of blood, we have instances enough of an exaltation or concentration which has often made the resolute spirit altogether unconscious of conditions which would have been absorbing to the ordinary man.

The focussing of attention narrows the field of personal consciousness and the portion of consciousness which lies outside this narrow field is subjective. In this subjective state many acts may be done automatically, such as dressing, walking, etc.

All our latent memories are stored in our subjective mind. Not a millionth part of the mental possessions of an educated man exist in his objective mind at any one time. We may forget objects and events; that is to say, we may dismiss them from our objective mind, but they are stored up in our subjective mind to the end of our days. We may be able to call them into consciousness when we wish to do so, but at other times the objective mind is unconscious of their existence.

There are a multitude of events which are so completely forgotten that no effort of the objective mind can revive them which may nevertheless be reproduced with intense vividness under certain physical conditions, thus, persons in the delirium of a fever have been known to speak in a language which they had learned in their childhood, but which, for many years, had passed from their memory.

The subjective elements of our mind are the basis of character, and condition conduct to a far greater extent than the view of life that we express, and by which we believe that we are actuated.

Education of the objective mind tends to uniformity in all civilized people. The subjective mind, which is built up by the surroundings, customs, environments, etc., produces qualities peculiar to the country and the class of society to which a man belongs, and stamps him with their limitations and idiosyncrasies. For example, an "educated" Frenchman's opinions—whether he be a merchant, a professional man or an artisan—may be in no wise different from those of an educated Englishman or of an educated German, or American; he is, as we properly say, "a man of the world." But when for any reason, as through depression or illness, his objective mind is weakened or fails him, his subjective mind asserts itself and the national characteristics appear in spite of "intellectual culture."

Practical psychology reveals the fact that the mind of man is largely subjective, and that this subjective mind is capable of both receiving and giving suggestions. It can be acted upon by our own mind, as, for instance, by an auto-suggestion, which we all often do. So an auto-suggestion is given to one's self by the objective mind as, for instance, when we concentrate before going to sleep on the one thought that we shall rise the next morning at a certain hour. Another example of an auto-suggestion would be if I had a nervous headache, and desired to stop it, I would suggest to my subjective mind *very firmly* several times that my head did not ache, and my subjective mind, having no inductive reasoning faculties but always reasons by deduction, believing what I say to it, would go to work to cause my headache to get better. Another kind of a suggestion would be if I had this same headache and went to my physician and he gave me bread pills with the same kind of a suggestion, my subjective mind believing his suggestion would go to work and cure my headache.

We give ourselves an unconscious auto-suggestion if we constantly apply our minds to the consideration of disease or death. By continually thinking and talking of sickness and diseases, we gradually impress the disease picture upon our subjective mind, the subjective mind transmits it to our body, so it grows from an impression to a real sickness. Hence, the auto-suggestion of fear in the case of epidemics renders one more liable to contagion.

Great liars must have the capacity of suggestion and auto-suggestion to an extraordinary extent. These persons lie to themselves and to others continually, until they are no longer capable of distinguishing clearly between that which has been experienced, and that which has been invented.

Suggestibility is the characteristic of all human beings; but there are methods which increase that suggestibility. By putting a subject in the condition of objective passiveness, akin to the state preceding natural sleep, in which the brain is at rest and the muscles are relaxed, we can get at the sub-

jective mind and make effective suggestions. In this passive state the functions of the conscious mind are suspended for the time being, so that the subjective mind can receive impressions and can act upon them. The mind may be made "blank," or may be focussed on some object, such as happens in a state of "absentmindedness." This method has the advantage that nearly everybody can be subjected to it. It is different from that of hypnotism, since the person is not sent to sleep, but is in an intermediate state between it and the waking state.

The principal condition in the production of this state of suggestibility is the fixation of attention. Men who are able in their speech and gestures to fix the attention of the looker-on to such an extent that no other impression can enter their minds, possess the power of authority, and their suggestions will be carried into action. At the same time, no man has that power unless the subject gives him the power, and gives it to him by the affection, awe, esteem, or fear with which he regards him and the attention he pays to him. When these conditions are fulfilled, even the strongest persons in will and bodily vigor will be influenced. Even the feeblest person, if indifferent, inattentive or mentally preoccupied, will make a bad subject.

Physicians, in order to make a successful suggestion, must have the right judgment of the psychic condition of the person, to be influenced, so as to avoid arousing contrariant and critical ideas. In no other branch of therapeutics is it so necessary to individualize and to adapt one's method to the idiosyncrasies of the patient, his individual qualities, constitution, temper, disposition and the mood he happens to be in at the time. Therefore, to practice this method of treatment, one must be an expert in human character, and possess a knowledge of human nature and practical psychology, besides being gifted with unusual tact and sympathy.

Suggestion will be effective on us if we present no resisting consciousness. If we listen attentively to any monotonous sound, or gaze intently on any particular object, say, with the intention of going to sleep, and excluding all disturbing and exciting thoughts, sleep will come, often within a few minutes, but sleep is unnecessary, and often not desirable, in order to produce the best results by suggestion. But simply a passive subjective condition, with the mind in harmony with the object to be attained by the suggestion.

Nowadays, nearly all physicians who practice mental healing, influence their patients in the conscious waking state. It must be admitted, however, that results of hypnotic suggestion—suggestion when sleep is first induced —have enabled us to recognize the extent to which human beings, particularly patients, are susceptible to psychic influence, and that hynotism is not to be despised, for hypnosis often produces results much more speedily, almost like a miracle, and psychic powers are manifested in that state of which in our ordinary condition we have no knowledge.

The National Eclectic Medical Association
QUARTERLY

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HOW LONG, O LORD, HOW LONG?

Power is sweet. What lengths will not some people go to acquire more? Some of our boards of health and the officials are so full of the idea of their supposed power that they are commencing to regard the common people as so much stock, so much cattle, which can be handled, manipulated and drawn in any way that suits their convenience, taste and motives.

The order issued by the Board of Health of New York that children must be stripped naked and examined by the medical men of the department before being allowed to enter school is an example of what may be expected by the poor people under State medicine (the rich according to the ruling and gracious permission of this board of health are allowed to go to some private physician and will not, therefore, have to be stripped naked in the schoolhouse).

Talk about the invasion of private rights; talk about your personal liberty; talk about your constitutional rights; none of these seem to exist for the citizens of our city with a board of health which has been given the power to create laws, power to enforce them, constituting thereby a little legislature of its own, being thereby its own judge, sheriff, executioner, etc. They are omnipotent. They assume rights and enforce them. How long will we tolerate such monstrosities?

Now, let us see what benefit will the "dear people" derive from this enforced inspection of naked children. We are informed by this all-wise and omnipotent body that the inspection of naked children is required for the finding of orthopedic defects, saying otherwise for knock-knees, flat-feet, and things similar to these. Will anyone please tell me what such orthopedic defects have to do with the public health or contagion? Can anyone explain by what right these self-constituted guardians interfere

with your purely personal matters? Not one, not even a board of health, has the slightest right to insist upon examining you, or your child, or anyone for orthopedic defects, and no one needs to submit to such an examination if they know their rights. Neither can they prevent your children from attending school, even if they are bowlegged. If this concerned me, or any of my children, it would not take me very long to secure an injunction from the courts and restrain forever this self-assuming body from enforcing something which they have no right neither to create nor enforce. Talk about creating and favoring class distinction! Just listen to this: The well-to-do can go to a private physician and need not be stripped at the schoolhouse; the poor ones must be stripped at the schoolhouse.

How long will the people stand for such ridiculous, unconstitutional demands and regulations made by boards of health? How long will you doctors obey such mandates? How long will our abused, much abused, long abused (and everlasting, it seems) patience last? Are we to be bound, tied and delivered to the tender mercies of a body of men who are so lustful for power that they forget even the ordinary rights of mankind? Or is it perhaps a "feeler" to see if the people will stand for forced examination in other matters and a further spread of the plans of the "octopus"? How long, doctor, will you stand for it? And you, taxpayer, how long will you keep quiet? If your child is bowlegged, it is no one's affair but your own and your child's. Is it not time for all liberal-minded physicians and free-thinking, liberty-loving people to get together and do something, to keep and regain some of the liberties for which the fathers fought so hard and which are being fast usurped from us?

THEODORE DAVIS ADLERMAN.

HAVE WE OUTLIVED OUR USEFULNESS?

In attending national and State medical meetings I frequently hear this question asked: "Do you think there is any use maintaining the Eclectic school longer? Have we not accomplished all for which we were created?" Then the speaker would invariably refer to the chaotic and barbarous practice of the medical profession of from seventy-five to one hundred years ago, and surely there was room and an urgent demand that some system of medical practice be inaugurated that would have, at least, a semblance of scientific treatment and some thought of alleviating human suffering. To us who are in practice in the year of our Lord, 1915, a casual glance at any medical work printed some time in the early part of the past century will reveal the crudeness and severity of the regular treatment.

I just glanced at the treatment of "Angina Pectoris" from a work printed in 1832, and here is their treatment: "Digitalis, Hyoscyamus and Prussic Acid may be tried, but bleeding, active cathartic by calomel, blister-

ing and an occasional dose of opiates are our principal means of treatment in this disease."

If there was a demand for a new system of treatment seventy-five years ago, is there not still a demand for a better and more scientific treatment of the sick of to-day? Has it not occurred to you that there is as great a need to-day in the medical profession as there was seventy-five years ago? Is not the regular school of to-day stumbling and groping in medical darkness almost as much as they were in the days of our Eclectic forefathers? Why this running after serum? To-day is and to-morrow is not. A sure and positive cure to-day, relegated to medical oblivion to-morrow. To be sure, surgery has advanced, and we save many lives by our surgical skill, but aside from our scientific knowledge of cause and prevention has the regular school given to the medical world one iota of advanced medical knowledge that lessens our mortality? If you think so, let me quote to you some statistics compiled, not by Eclectics or Homeopaths, but by the regulars themselves. "Chronic maladies and degeneration of all sorts are clearly shown by each annual report of the census bureau to be increasing, and not at a slow and uncertain rate, but at a surprisingly rapid rate. For example, the mortality from heart disease has increased over 50 per cent. in the past ten years. From arteriosclerosis 6.1 per 1,000 in 1900, to 21 per cent. in 1911, an increase of nearly 250 per cent. in a century. From census reports, nearly four times as many people die from disease of the blood vessels to-day as they did a dozen years ago. Mortality of Bright's disease has increased 151 per cent. in the last thirty years, and diabetes, in spite of our so-called improved treatment, has increased 50 per cent. in the last fifteen years." When we consider that, in spite of our so-called scientific serum treatment, 750,000 people die annually of preventable chronic diseases, I ask, is there room for a school that has tried and is still trying to evolve a scientific medical treatment using, as far as possible, the native vegetable drugs.

W. E. Daniels.

MEDICAL GRADUATES FEWER.

FIGURES FOR 1915 SHOW SLIGHT FALLING OFF.

The total number of medical graduates for the year ended June 30, 1915, was 3,536, a decrease of fifty-eight below 1914, and a decrease of 445 below 1913. The total this year is 2,211 (38.8 per cent.) less than in 1904, when 5,747, the largest number, were graduated. Of the 3,536 medical graduates, 858, or 24.3 per cent. hold degrees in arts or science, as compared with 22.5 per cent. last year, 18.9 per cent. in 1913, 17 per cent. in 1912, and 15.3 per cent. in 1910. Of the 3,286 nonsectarian school graduates, 839, or 22.5 per cent. were reported to have baccalaureate degrees, while of the homeopathic graduates, 16, or 8.2 per cent., were so reported, and of the Eclectic graduates, three, or 5.5 per cent., were reported as holding degrees from colleges of liberal arts. Of the 858 graduates holding

baccalaureate degrees, 131—the largest number—came from Illinois colleges, followed by 107 from New York, 95 from Maryland, 92 from Massachusetts and 74 from Pennsylvania. The percentage of graduates holding collegiate degrees, says the Journal of the American Medical Association, is gradually increasing and will continue to increase, particularly in the nonsectarian colleges.

The above was clipped from the Cleveland Plain Dealer in September, and as we have read the same thing in other city papers, it was no doubt inspired and sent broadcast for a sinister purpose. For the purpose of argument we will grant its truthfulness, yet it is but one method of distorting the entire truth and is a mean exhibition of distorting figures for private gain. It is an exhibition of the old adage that "one can prove anything by figures." Let us note the whole truth of the above. Until the present year, no Eclectic college had any affiliation with a State university or literary college. Many allopathic schools have, and some are an integral part of State universities and the recipient of public monies. A few homeopathics are similarly situated. Now what is the result? The allopathic colleges are granting two degrees, either a B.S. and M.D., or an A.B. and M.D., in six and seven years, then after the second or during the second year in college the pupil's work merges into that for his medical degree. In one college, which makes claim to be the *model* for others, it is possible to secure both degrees in five years.

With medical schools not so affiliated the student must pursue his studies for his literary degree, and, owing to the State laws, his full four years in medical studies, thus he passes seven or eight years before receiving his two degrees. Thus the Eclectic holding a literary degree has completed his literary course of four years and a medical course of four years, no "taking any short cut across lots." If the writer had told the entire truth, possibly he would have found as many men proportionately in Eclectic and homeopathic colleges with one and two years preparatory college work as in the allopathic colleges; but, with this difference, they obtain no degree for such work. "Tell the truth, the whole truth and nothing but the truth." M.

FEE SPLITTING AGAIN.

Since our last issue, we noticed in the daily press that Wisconsin had adopted a drastic fee splitting bill. I wonder were these bills rigidly enforced, if some big fish would not be caught. Personally, I have no faith in legislation of this character. I do not believe a man can be made honest, honorable or ethical by such legislation. Since the agitation along this line began I have investigated considerable for the purpose of ascertaining its prevalence and the methods employed by various surgeons and specialists. I am convinced, from my inquiries, that the only difference between those

clamoring for such legislation and those not is simply in methods of attaining the same object. I am also convinced that greed, not honesty, lays at the foundation of the instigation of these bills. There is no good reason in the world why a surgeon or specialist should receive such a large fee as is frequently demanded for a few minutes' work and the physician who assumes most of the responsibility nothing. I have frequently seen this actually occur. It is certainly not just and no method of reasoning or legislation can make it so. The surgeon operates and leaves with all the glamor and money. The physician assumes all the responsibility and after-care and gets nothing. Can legislation correct this? The thought has often occurred again, how is the patient wronged? An assertion that the custom of fee splitting prevails among graduates of inferior schools (Lancet-Clinic, September 25, 1915), simply begs the question and is dishonest and misleading. I personally know that it obtains among men, graduates of A+ colleges, so rated by the "Medical Council" of the A. M. A. It is not the school that makes men honest. Honesty is an inherent quality that can not be controlled by legislation, school or codes. In the Toledo Blade of September 27, is an article copied from the Chicago Daily Tribune on "Fee Splitting," which, for mendacity and misrepresentation, can hardly be equalled. It is so full of misstatements and frivolous reasonings, I hesitate to refer to it. One can hardly conceive that any physician would be willing to offer to the public an article containing such strictures upon his own profession, as is offered by this physician under his name. I presume this is a portion of the publicity campaign of our political doctors who have taken upon themselves the task of purifying the profession. After an experience of a third of a century in the profession I can not believe that any such state of conditions exist in the profession as is outlined in this newspaper article, nor do I believe any good, direct or indirect, can come from such a garbled mass of misstatements. No good can or will come from this misguided and unfortunate piece of agitation about fee splitting. The little that does exist in the profession is due to the surgeon only, and not the physician. The surgeon is responsible for it, and, unfortunately, we know that some of those most vociferous in the denunciations have been the most active ones in using these means for obtaining patients in times past. It is not always simply the divison of money, but other means are used to attain the same object. It will do no good, however, for the "kettle to call the pot black," no amount of vituperation will adjust it, neither will legislation. The only means of adjusting the difficulty is a man's own honesty or integrity.

It is hardly fair that all restrictive legislation should be placed upon one of the professions only. I do not want to be understood as belittling the profession of law, but only in the last year I have witnessed several terrible miscarriages of justice and some of equity. I have witnessed the widow and orphan wronged and the counsellor enriched at their expense.

Estates left bankrupt, but the counsellor enriched, and yet, legislation is silent. My honest conviction is, there is too much legislation of all kinds. It is needless and often absolutely harmful. What is needed for the guidance of man is not legal statutes, but an inherent, rugged sense of honor and manhood. Simple, everyday honesty and some conception of the "Golden Rule." No amount of legislation can supply this, but too much of it has, on the contrary, a tendency to lessen it and belittles a man's own sense and respectibility and responsibility. M.

CONSISTENCY.

"Dr. David E. Weaver, recently appointed to the position of examiner for the Ohio Industrial Commission, has not been a member of the Academy of Medicine for years, and is, therefore, not in any way connected with the State or national bodies of the American Medical Association."

"In the news column of this issue will be found the statement that a Cincinnati examiner for the Ohio State Industrial Commission is not connected in any way with the State or national medical associations. It is a sad but truthful commentary to make that appointments in some of the public medical services are still based upon a man's political affiliations rather than upon his professional standing. The question is, how long is the profession to tolerate such treatment of the public services, such disregard of the public interests and such a contemptuous attitude toward an honorable and scientific profession."

The above news item and editorial comment is clipped from the Lancet-Clinic of August 28. Our personal feelings are in sympathy with the editorial. When the State compels the physician to conform to its regulations it should compel its medical appointees to identify themselves actively with the profession. It is unjust to those in the profession who take an active part in its uplift to bestow upon those who do not identify themselves with it in any manner, what few plums fall to the profession. It is manifestly unfair to the profession or any branch of it to appoint a physician to represent it who does not identify himself in any manner whatever with it. How can he honestly and consistently represent it? The Eclectic school is in the same position. We have, in several States, men on the State examining and registration boards purporting to be representatives of the Eclectic school who do not even identify themselves with their State society, are not members of it. I have made the assertion and still think it right, that the State societies should complain to the governors of their respective States of this anomalous condition. In some States it is presumed that the State societies shall nominate several men from whom the governor will make his selection. Where this is true it is the duty of the State society to compel membership or enter a complaint. In two States I could mention the appointees were dropped for non-payment of dues after securing the appointment. Come, friends, be consistent in your be

liefs and professions or else resign. "Ye can not serve both God and Mammon." M.

RHEUMATISM.

Our knowledge of rheumatism has recently been refreshed by reading the special rheumatism number of American Medicine. The several articles revealed the fact that there is no uniformity of opinion regarding its nomenclature nor treatment. Especially is this statement true of its etiology and treatment. Notwithstanding the wide diversity of views expressed by the several writers, the articles were read with interest and we trust, with profit.

The special rheumatism number was timely, as I have had an unusual number of cases of rheumatic fever this summer and fall, due, I believe, to the unusual low temperature and excessive rainfall. The causes enumerated ranged from the old theory of a uric acid diathesis, acidosis, pyorrhea alveolaris to intestinal stasis. The unusual number occurring in my personal experience was attributed to climatic conditions and not to an auto-infection, as would be the case if it resulted from a pyorrhea or intestinal stasis.

The treatment recommended agreed, of course, with the author's views as to its cause. He who views it as due to pyorrhea alveolaris cures his cases by directing his attention to the teeth. Another treats his cases empirically by the use of stock vaccines. Another with phylacogens. Another advocated the hormones and using empirically thyroid extract, and in some cases thymus, or ovarian extract. He who attributes it to intestinal stasis cures them by colectomy. They who believe in acidosis as a cause overcomes this condition, and others again advocate salicylates. The entire series should be read to appreciate the full scope of the articles, only a few quotations having been given. Whilst they are instructive the reading of them exhibit how "exact are the observations and how correct the thinking, and how methodically formulated and arranged in a rational system" are the views in "Scientific Medicine" pertaining to rheumatism. In my own cases there was nothing unusual presented in the symptomatology, but the routine of symptoms and complications did. Several of the authors in the articles referred to above noted the relationship existing between tonsillitis, rheumatism and chorea. Three of the cases seen by me began as a supposedly case of tonsillitis and progressed steadily with the involvement of the joints or arthritic symptoms, and finally, well marked chorea. Never before have I witnessed the progress of these conditions so marked.

In two cases cardiac complications were the most distressing symptom, due in my mind to the failure of keeping the patient quiet and at rest during the acute stage of joint involvement. With such a varied etiology and symptomatology, it would seem that the treatment should be varied as well, and, indeed, it is.

This disease is but another illustration of the futility and fallacy of seeking a specific for a named disease. The treatment must be varied to meet the conditions. It does not seem plausible to prescribe the salicylates for all rheumatic manifestations. If it be true that it is at times due to a pyorrhea or an intestinal stasis, these conditions must be treated, or all our salicylates, colchicum or what not would be administered in vain. The series of articles is but a good illustration of the truth of "Specific Medicine." Treat the condition presented, not the name. M.

NEWS AND NOTES.

Arkansas.

M. C. Kerr, has removed to Cincinnati, Ohio.

A new board of medical examiners have been appointed as follows: R. M. Jernigan, M.D., Rector; E. L. Sullivan, M.D., Poughkeepsie; E. H. Stevenson, M.D., Ft. Smith; C. E. Laws, M.D., Fort Smith; Lycurgus Gardiner, M.D., Russelville; W. E. Dallanbaugh, M.D., Pine Bluff; Geo. F. Jackson, M.D., Little Rock.

The president elect of the Arkansas society is R. S. Smith, of Russellville; secretary, A. W. Jernigan, Little Rock.

Dr. W. H. Moreland has removed from Jonesboro to Hickory Ridge.

J. P. King has moved from Cleo to Decatur.

California.

Dr. C. N. Mosher is located at 404 Surgeon Building, Santa Ana.

Dr. H. Ford Scudder has removed his office to 702 E. Seventh St., Los Angeles.

Dr. H. G. Pyle has removed from 211 East Ocean Ave., Long Beach, to 357 East Ocean Ave.

Dr. Frederick J. Cook has removed to 505 W. Washington Street, Los Angeles.

At the August meeting of the Los Angeles County Eclectic Medical Society, Dr. Pina Welbourn was the essayist, subject, "Dysmenorrhea."

Dr. Sidney A. Goyette has removed from Groveland to Jamestown, Tuolumne County.

Dr. H. J. C. Sprehn has opened an office at Reno, Nevada.

Dr. J. R. Buckingham will open an office in Big Pine, Inyo County.

Dr. E. R. Petsky, who has been in Mexico, is now at Los Angeles, Texas.

The September meeting of the Los Angeles County Society met with Dr. J. Fraser Barbrick, September 7.

J. Paul Harvill, Jr., has removed from Nashville, Tenn., to 418 W. 7th Street, Los Angeles.

J. H. McElhinney, M.D., has removed from Mansfield, Ohio, to Palm City.

Colorado.

Colorado has passed an amended medical law providing for the licensing of osteopaths, chiropractors, etc., with lower standards for drugless healing.

Florida.

Dr. Geo. Holmes, of Sharpes, spent the summer in New York and New England.

Illinois.

Dr. Adam Szwajkart has been appointed head physician to the Cook County Psychopathic Hospital.

Dr. John Dill Robertson, health commissioner of Chicago, has appealed to all parents to have their children examined by the family physician prior to the opening of school. The physicians and nurses of the health department who are on duty at public schools will examine only children who have symptoms of contagious diseases and for this reason the health commissioner seeks the co-operation of all parents in seeing that their children are free of all diseases.

Indiana.

Dr. J. Earl Holman has located at 1012 N. Tuxedo Street, Indianapolis.

U. G. Vance, of LaFontaine, has been appointed on the Board of Pension Examiners for Wabash County, and is also secretary of the Board of Health of La Fontaine.

Michigan.

Wilbur W. Williams has located at Bronson.

Dr. J. E. G. Waddington, of Detroit, has been taking a post-graduate course in New York City.

Dr. H. O. Shafor, of Detroit, spent October in the woods of Northern Maine.

Missouri.

The Missouri State Board of Health has ruled that chiropractors have no legal standing and are open to prosecution for practicing as physicians without a license.

Nebraska.

Dr. J. Everett Ingram has located at Harvard.

Dr. J. McKinley Packer has recently located at Bethany.

Dr. Townley has moved from Cook to Friend.

Dr. J. D. Case has been appointed health officer of Nebraska.

Dr. Joseph Rizk has located at Waverly.

New Jersey.

Dr. P. Messenger has removed from Jersey City to Chrome.

Dr. Ugo Sissa has located at West Hoboken.

Nevada.

Dr. H. J. C. Spacher has located in Reno.

New York.

The regular semi-annual meeting of the Kings County Eclectic Medical Society took place on Tuesday, September 28, at the Hof Brau House, Brooklyn. Twenty-two members (out of a membership of twenty-five) responded to the roll call, and six visitors representing the New Jersey Eclectic Medical Society and the New York City Eclectic Medical Society were also recorded as present.

The essayists for the evening were Dr. E. G. Potter, of Newark, N. J., who delivered a very interesting lecture on "The Digestive Organs," illustrated with lantern pictures; and Dr. O. H. Rohde, of Brooklyn, N. Y., whose essay on "Constipation, Causes, Effects and Relief," was received with merited approval.

The banquet which followed was everything that could be desired, and the society adjourned, harmony and enthusiasm for the Eclectic cause prevailing.

Dr. Eli G. Jones has removed from Burlington, N. J., to 897 W. Ferry Street, Buffalo.

Dr. Geo. W. Boskowitz has removed to 260 W. 86th Street.

Dr. Salvatore Caliva has removed to 323 N. Salina Street, Syracuse.

Dr. Samuel A. Hardy has removed his office from 224 E. 30th Street, to 154 East 81st Street, New York City.

At a conference of business men and Eclectic practitioners of this city it was decided to erect a clinic for the treatment of patients with plant remedies. $60,000 was subscribed and much enthusiasm was manifested.

North Dakota.

Indiana has been added to the list of States with which North Dakota has reciprocity in the licensing of physicians. Such relations have been established by the North Dakota State Board of Medical Examiners with Arkansas, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisana, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, South Dakota, Texas, Vermont, West Virginia and Wisconsin.

Ohio.

Dr. T. D. Hollingsworth has been appointed on the obstetrical staff of the new Peoples' Hospital, of Akron, Ohio.

M. C. Karr has removed from Arkansas to 857 Clinton Street, Cincinnati.

Wm. B. Quinn, who has just finished his interneship at the Metropolitan

Hospital, N. Y., has been employed on a salary in the general children's clinic of the same hospital.

Dr. McHenry has resigned his position at the branch hospital and opened an office at 3817 Harrison Ave., Cincinnati.

J. B. Barker, M.D., of Piqua, has been reappointed local medical examiner for the State Industrial Commission. The appointment was made on account of the excellent service rendered the State. He was unanimously endorsed for reappointment by the Miama County Medical Society.

B. L. Englerth has located at Morrow.

H. E. Vogel has located at Springfield and has been appointed as obstetrician on the city hospital staff.

Wm. H. Gaskins has located at New Richmond.

Says the Ohio State registrar in his report of the mortality for 1914: "Tuberculosis in its various forms is still far the most prolific cause of death in Ohio, although the rate decreased from 132.34 to 130.58. The total number of victims fell from 6,764 in 1913, to 6,564 in 1914, a decrease of just 200. Pulmonary tuberculosis slightly increased its fatal work, however, the rate rising from 110.63 to 110.96, and the number of victims from 4,593 to 5,578."

In Ohio there is a physician for every 630 persons—three times the number per 1,000 found in a thickly settled country like Germany, for example, which is generally looked on as overstocked with physicians.

Sixty-five Cleveland homes were quarantined September 25, by the City Health Department in an effort to stamp out an epidemic of infantile paralysis, which has led to a complete cessation of civic and business activity in Willoughby, Ohio. Dr. C. E. Ford, health commissioner, said the situation in Cleveland, however, is far from serious enough to justify a city-wide quanantine, such as was spread over Willoughby by the Board of Health.

Dr. J. Stewart Hagen and Dr. Neil E. Taylor discussed scientific problems before the Cincinnati Medical Society at its monthly meeting at the Sinton, Friday evening, October 1.

Co-operative courses for junior students of the College of Medicine of the University of Cincinnati and of the Eclectic Medical College were opened recently under the supervision of Assistant Health Officer Dr. W. H. Peters. Sanitation, food inspection and other studies in which the Health Department is interested will be taught.

The authority of boards of education in the employment of school physicians and nurses is defined by Edward E. Turner, Attorney General of Ohio, in a ruling issued October 5. He holds that the board of education may employ a physician to perform the duties required by law and "may, in its discretion, employ a trained nurse to aid in the performance of the duties, or the board may delegate the duties to the board of health or officer performing the functions of the board of health."

Attorney General Edward E. Turner, of Ohio, on October 5, rendered an opinion that insurance of physicians against suits for malpractice is illegal. The State superintendent of insurance ordered casualty companies to cancel immediately all such policies and to return unearned premiums to policyholders. Thousands of physicians in the State are affected by the ruling.

Dr. Z. H. Ballmer has located at 1428 Dorr Street, Toledo.

B. H. Nellans, M.D., has opened an office at 500 W. 7th Street, Cincinnati, O.

C. M. Neldon, M.D., of Coshocton, has been appointed pension examiner.

Dr. Raymond Watkins, of Blanchester, has removed to Santa Rosa, New Mexico, on account of his health.

The Northwestern Ohio Eclectic Medical Association met at Bluffton, October 21. The principal addresses of the occasion were by Dr. R. C. Heflebower, of Cincinnati, subject: "The Newer Methods of Cataract Operations," and by W. E. Postle, of Columbus, "The Care of The Mentally Defective Child." Both addresses were unusually good and appreciated. Officers elected for the coming year are: President, A. R. Russell, M.D., Hamler; secretary, W. L. Lehr, M.D., Arlington. The next meeting will be at Lima, the third Thursday of January.

Dr. Robert C. Heflebower will, on February 26, 1916, deliver an illustrated lecture before the B. Merrill Ricketts Experimental Surgical Research Laboratory, subject: "Comparative Study of the Eyes." March 26, Dr. E. B. Shewman delivers at the same place an illustrated lecture entitled, "The Kidney, Its Anatomy with Reference to Its Function and Pathology."

Oklahoma.

Dr. E. L. McCarty has removed from Soper to Talihina.

South Dakota.

Dr. G. W. Suddard, of Hayti, has been appointed vice-president of the County Health Board.

Dr. W. P. Collins, of Howard, has recently come off a victor in a framed-up malpractice suit brought against him.

The officers of the South Dakota Eclectic Society are: President, W. E. Daniels, Madison; secretary-treasurer, W. P. Collins, Howard.

Tennessee.

J. Harvill Hite has located at 304 Hitchcock Building, Nashville.

J. Paul Harvill, Jr., has removed to 418 W. 7th Street, Los Angeles, California.

Texas.

Dr. Arl Helbing has moved from Dallas to Barnhart.

Dr. G. Helbing has removed from Dallas to Ft. Worth.

Wisconsin.

Wisconsin has stipulated that the minimum standard of preliminary education for all applicants after January 1, 1919, shall be two years of collegiate work. Wisconsin is the tenth State to adopt this higher requirement.

The Wisconsin State Board of Health has recently made the discovery that one of its subsidiary functions, that of the examining and licensing of graduate nurses, has been taken from it and given to the State board of medical examiners under the enactment revising the general medical laws of the State.

Dr. Royal C. Rodecker, Holcombe, was appointed to succeed Dr. Abner B. Bailey, Fennimore. Additional appointments were as follows: Dr. John M. Dodd, Ashland; Dr. Henry W. K. Abraham, Appleton, and Dr. George H. Ripley, Kenosha.

The old certificate required since February, 1914, when the eugenic marrying law came into force, has been changed and the fee reduced from $3.00 to $2.00. The new certificate states that the physician "has made a thorough examination of ....., and believes him to be free from all venereal diseases." The former certificate stated that the physician "having applied the recognized clinical and laboratory tests," etc.

The officers of the Wisconsin State Eclectic Medical Association are as follows: President, J. B. Brower, Jefferson; first vice-president, L. S. Graves, Wilton; second vice-president, J. H. Alexander, Belmont; corresponding secretary, R. C. Rodecker, Holcombe; recording secretary, H. R. Blay, Rewey; treasurer, C. W. Rodecker, Holcombe.

Wyoming.

Dr. J. S. Rinehart was married at Carthage, Mo., August 12, and is now located at Kaysee.

A Correction.

In the September QUARTERLY in the article by Dr. Hemminger "The Sane Conduct of Labor," on page 53, the essayist is made to prescribe one ounce of ergot, when one drachm was intended.

Ohio State Medical Board.

The Ohio State Medical Board met in Columbus, October 12 and 13, all members present. Questions were submitted for the examination to license physicians, which will be held in Columbus, December 7 to 9. The following were licensed on reciprocity, by previous examination: A. E. O'Flaherty, from Illinois, Univ. Med. College, Kansas City, 1900, intended residence, Zanesville; A. N. Wiseley, Jr., Rush Medical College, Illinois,

1913, intended residence, Ada; M. Loebel, Jenner Medical College, Illinois, 1913, intended residence, Sonora; J. A. Craig, from Indiana Univ. Medical College, 1914, intended residence, Toledo; H. M. Keil, Maryland, 1914, Medico-Chi., Philadelphia, intended residence, Cincinnati; J. Funderburg, University of Michigan, 1913, intended residence, Dayton; F. A. Lawrence, University of Michigan, 1914, intended residence, Elyria; M. R. Haley, St. Louis Univ. School, 1913, intended residence, Sabina; R. C. Frazier, New York Eclectic Medical College, 1896, intended residence, Dayton; C. C. Waller, Vermont, 1906, Baltimore Medical College, 1898, intended residence, Warren; J. J. South, West Virginia, 1915, University of Pennsylvania, 1914, intended residence, Massillon.

The following certificates were issued on previous registration without examination: A. V. Menefee, Kentucky, 1893, intended residence, Cincinnati; O. S. Canright, Wisconsin, 1884, intended residence, Haskins.

A protest was made to the board by the Ohio Daily Newspaper Association against the clause pledging physicians and non-drugless healers not to advertise. The matter was referred to the attorney general for final settlement.

Over 900 applications have been received from the non-medical cults, mainly under the five-year exemption clause, the remainder to be examined the first week in November as directed by law. The following have been appointed to assist the board in this examination: E. Thayer Ward, of Cleveland, and W. W. Ford, of Columbus, examiners in chiropractice; Andrew G. Flowers, of Cleveland, examiner in spondylotherapy; Herman A. Loose, of East Cleveland, examiner in electrotherapy; D. D. McDougall, of Cincinnati, and Miss Agnes B. Forbes, of Dayton, examiners in massage and Swedish movements; U E. Whities, of Columbus, examiner in hydrotherapy; C. E. Clark, of Columbus, examiner in mechanotherapy; H. Riley Spitler, of Eaton, examiner in neurotherapy, and M. H. Harmolin, of Cleveland, examiner in chiropody.

Over 3,000 application blanks have been sent out to nurses, who must apply for registration before January 1, 1916. At a general meeting of superintendents of hospitals and training schools of the State, more than two hundred being present in person in the senate chamber, the meeting recommended to the board that a three-year training school course be adopted, to apply to general hospitals embracing surgery, medicine, obstetrics and pediatrics, with a daily average, for the present, of not less than fifteen patients. All the nurses, however, who have graduated from existing or defunct hospitals in Ohio, which had a curriculum and gave courses of instruction and issued diplomas in good faith, will probably be registered without examination.

Miscellaneous.

Dr. Charles F. Taylor, through his live publication, *The Medical World*, is putting up a great fight for the protection of the legitimate interests of

the medical profession. If you are not reading *The World* these days, you are missing a good thing. I have just been perusing the May number, and it is filled with that stuff that should stir the blood and rouse the fighting propensities of every doctor who has a real backbone. I wish Brother Taylor's editorial, "Your Rights are Threatened," published on page 165 of that issue, could be brought to the attention of every physician in the United States.

Not the least interesting part of this editorial is another editorial, reprinted verbatim from the *N. A. R. D. Journal,* of March 25, this being entitled, "Propagandic Work and the Dispensing Doctor." In this editorial, the editor of the *N. A. R. D. Journal* attempts to point out that, by eliminating the dispensing doctors, or, rather, by securing the enactment of laws that will prevent them from doing their own dispensing, the druggist can gain an average additional profit of several dollars a day.

As every reader of *Clinical Medicine* knows, we have no quarrel with druggists. We believe doctors and druggists should establish more friendly relationships, the basis being *service* to the patient, not *profit* for the man. Also, druggists should get the foolish notion out of their heads that the tail is going to be permitted to wag the dog. The "dog" may begin to show its teeth, if these attacks continue.—*Clinical Medicine, July 1915.*

It is the solemn and imperative duty of a surgeon to give to able and worthy young men a chance to become surgeons. He should train them—weed out the unfit—stimulate and encourage the fit—stand by them till they can go it alone. Next to a good name there is no heritage I would so like to leave as a group of fine young surgeons to whom I had had the good fortune to open the doors of opportunity. Think of the benefit to humanity of such a heritage. Think of those men remembering the man who helped them with enduring affection. Could anything be finer? I venture to say that Professor Halstead is as proud of nothing in his distinguished career as of that splendid group of brilliant men he trained and started on the road to eminence: A surgeon who deliberately fails to train young men is guilty of a crime against humanity. A hospital management which makes a surgeon fail in his duty is criminal.—DaCosta.

Another amendment to the medical practice law in Ohio passed recently, imposes on the State Medical Board the duty of providing for the licensure of practitioners of the various medical cults. The law specificallly mentions under this heading, chiropractic, naprapathy, spondylotherapy, mechanotherapy, neuropathy, electrotherapy, hydrotherapy, suggestive therapy, psychotherapy, magnetic healing, chiropody, Swedish movements, massage and "such other branches of medicine and surgery as the same are defined in Section 1286 of the General Code that may now or hereafter exist, except midwifery and osteopathy." Under the provisions of the law, the board is directed to call to its aid "person or persons" of established reputation

or known ability in the particular limited branch in which the examination is to be given." These limited practitioners will act as examining committees for the board. For example, to examine applicants for licenses to practice chiropractic, the board will appoint a committee of probably three chiropractors to be known as the Chiropractic Examining Committee. The law provides that if there is in existence a State association or society of practitioners in any limited branch, such association shall recommend the persons to be designated for this service by this board. The board in its discretion, however, may reject these recommendations.

During recent years the number of medical schools which have been provided with facilities for research through State grants or by private endowments has rapidly increased. While much is still to be hoped for, the outlook for medical advance is far brighter in this respect than it is in the related branch, pharmacy. Pharmacy schools, whether privately owned or controlled by the State, are almost without exception devoted to the routine instruction of students, and are, as a rule, doing nothing toward the advance of pharmacy as a science. A notable exception to this backward condition of pharmaceutic education was the establishment of a pharmaceutic experiment station by the Wisconsin legislature in 1913. The statute creating the experiment station provides that it further the cultivation and investigation of medicinal plants. In the first annual report of the director of the station, Edward Kremers, a well-known authority and author on plant chemistry, gives an indication of what may be expected from this pioneer work. The station not only is engaged in the experimental cultivation of medicinal plants, but also co-operates with the government in this field, and offers its help and advice to those who wish to engage in this relatively new American industry. While drug cultivation is to be a prominent feature of the station's scope, the work planned by the director has a wider sphere. The present report shows that plant analysis, a most neglected subject, as well as the so-called synthetics, is to receive attention.

That hospitals of Pittsburgh, and, in fact, all parts of the country are having difficulty obtaining sufficient internes, was learned in a canvass of the city's hospitals. Several hospitals have their lists still unfilled and all of them have had difficulty. The reason for this situation is said to be a decrease in the number of graduates from the State's medical schools. E. Dexter Pool, secretary of the Medical School of the University of Pittsburgh, said: "There is no doubt there has been an enormous decrease in the output of the medical schools not only of Pennsylvania but throughout the country. The medical schools of the United States in 1910 had an attendance of 21,394 students. In 1912, this total fell to 18,000, a decrease of 3,394. In 1914, the total students in the schools was 16,000, a still further decrease of 2,000. This means a total decrease of 5,394 in four years, or more than 5 per cent.—a pretty heavy cut."—*Pittsburgh Times.*

The first "get together" held in Boston took place in its Medical Library, October 31, last, when the Suffolk County District Medical Society had as guests the Boston Section of the Massachusetts Homeopathic Medical Society. This wiping out of "treatment" distinctions must spread. Force *everyone* who treats injury or illness to prove his skill in differentiating diseases or hurts before an impartial single State Department of Education. Then, as for treatment, permit a separate State Board examination by each school of practice. Then, and then only, is the public protected.

A good word for the old country doctor, once a recognized authority but now in danger of being sidetracked by specialists, was spoken at the Massachusetts Medical Society anniversary meeting at the Copley Plaza Hotel, Boston. His position in the medical world was reviewed sympathetically and with due recognition by Dr. Everett A. Bates, of Springfield, in a note of warning against the modern tendency toward over-medication, over-surgication and over-elaboration of technical laboratory work in this "ultra scientific century." Dr. Bates, to whom was accorded the honor of delivering the "annual discourse," pleaded for a little more simplicity in the medical profession and the retention of a little of the old-fashioned confidence in the virtues of general observations which in the past have been accepted as contributory to the accuracy of diagnoses of diseases. Too much emphasis is placed to-day upon the latest scientific discoveries when they serve to shake the doctor in his confidence in his own diagnosis.

The monthly *Bulletin* of the State Department of Health of New York makes "The Control of Communicable Diseases" the chief feature of the September issue. It points out that the loss of life from typhoid fever diphtheria and scarlet fever remains too high.

These three infections, together with that of measles and whooping cough, were responsible for the deaths of over 5,000 people, mostly young children, in New York State last year. The issue of the *Health News* contains an account of four outbreaks of communicable disease. Septic sore throat in Westchester County was spread by contact and secondarily to a slight extent by milk; scarlet fever in Dutchess County was spread primarily by milk and secondarily by contact; diphtheria in Rockland County, by milk, and in Westchester County, by contact. Therefore, the remedies which would guard against such outbreaks are simple—pasteurization of milk and isolation of early cases of disease. These four epidemics included nearly 1,400 cases of disease. From this experience the following lesson is emphasized: (1) Unpasteurized milk is unsafe to consume; (2) local health departments can prevent outbreaks of this kind by requiring the pasteurization of milk before delivery to consumers; (3) in the presence of scarlet fever all cases of sore throat should be treated as septic sore throat, which is reportable to the local health depatment.

The most recent move of the New York Health Department in its campaign against alcoholic beverages was the publication on July 31 of the re-

sults obtained from a study of the effects of alcohol on human life. Forty-three leading life insurance companies have furnished their records on about 2,000,000 lives covering 25 years. The report in summarizing states that nothing has been more conclusively proved than that the steady free use of alcoholic beverages or occasional excess is detrimental to the individual. Among men who admitted that they had taken alcohol occasionally to excess in the past, but whose habits were considered satisfactory when they were insured, the extra mortality was equivalent to a reduction of more than four years in the average life of these men. The report further states that statistics have been gathered that justify the statement that total abstainers have a mortality during the working years of life of about one-half of that among those who take two glasses of whisky a day.

The committee on hospital efficiency, appointed two years ago by the Philadelphia County Medical Society, has made several reports on the subject, which have been embodied in a pamphlet by the society. It is said that there are in the United States 6,665 institutions on record for the care of the sick, with a total capacity of 600,000 beds, representing an outlay of over $1,500,000,000 and a yearly expenditure for maintenance of over $250,000,000. It is stated that perhaps 20 per cent. of this sum is wasted through lack of hospital efficiency, and that the waste of human labor and opportunity is incalculable. There is no standard of hospital efficiency, and the committee has undertaken to formulate one. The committee also approves the request of the American Medical Association, the surgeons and the American Hospital Association that the Carnegie Foundation report on the classification and standardization of hospitals in a manner similar to the work done in the matter of medical education.

Unprofessional Conduct in Ohio.

The amendment which became effective July 26 modifies the Medical Practice Act of Ohio to include the following offenses which may be construed as instances of "grossly unprofessional or dishonest conduct," punishable by revocation or suspension of certificate:

1. The employing of any capper, solicitor or drummer for the purpose of securing patients, or subsidizing any hotel or boarding house with like purpose, or the obtaining of any fee on the assurance that an incurable disease can be cured.

2. The wilful betrayal of a professional secret. But a physician, knowing that one of the parties to a comtemplated marriage has a venereal disease, and so informing the other party to such contemplated marriage, or the parent, brother or guardian of such other party, shall not be held to answer for betrayal of a professional secret, nor shall such physician be liable in damages for truthfully giving such information to such other party, or the parent, brother or guardian of such other party.

3. All advertising of medical practice in which extravagantly worded statements intended, or having a tendency to deceive and defraud the public are made, or where specific mention is made in such advertisements of tuberculosis, consumption, cancer, Bright's disease, kidney disease, diabetes or of venereal disease or disease of the genito-urinary organs.

4. Having professional connection with, or lending one's name to an illegal practitioner of medicine.

5. Any division of fees or charges, or any agreement or arrangement to share fees or charges made by any physician or surgeon with any other physician or surgeon, or with any other person.

Before the enactment of this amendment the term "unprofessional conduct" was undefined, except by court interpretation. The only offenses previously mentioned were fraud in examination, commitment of felony or addiction to drug or liquor habits "to such a degree as to render the physician unfit to practice medicine or surgery."

OBITUARIES.

Adams, F. B., Eclectic Medical College of the City of New York, 1883, member of the Connecticut and National Eclectic Medical Associations, at his home, in Hartford, Conn., September 23, 1915.

Archer, Charles A., American Medical College, St. Louis, 1891, formerly of Warren, Ohio, at Cleveland, Ohio, August 22.

Barry, George A., Eclectic Medical Institute, Cincinnati, 1905, member of the Indiana and National Eclectic Medical Associations, at his home in Ft. Wayne, Ind., August 8, aged forty-three years.

Burchmore, C. F. P., member of the Massachusetts and National Eclectic Medical Associations, at his home, in Boston, July 26, 1915.

Dispennet, Andrew Jackson, Bennett Medical College, 1877, at his home in Kalamazoo, Mich., July 5, aged seventy-nine years.

Fanner, Sylvania W., Iowa Eclectic Medical College, Des Moines, 1892, of Buffalo, Okla., at his home at Watson, Mo., April 23, aged sixty-four years.

Foster, Daniel H., Eclectic Medical Institute, Cincinnati, 1874, at his home, in Scottsburg, N. Y., January 31, aged seventy-nine years.

Gee, Isaac G., Eclectic Medical Institute, Cincinnati, 1865, at his home, in Mt. Vernon, Ill., September 2, aged seventy-four years.

Grove, Jacob A., Eclectic Medical Institute, Cincinnati, 1867, at his home, in Kenton, Ohio, October 4, 1915, aged eighty-two years.

Hightower, Richard H., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1890, at his home, in Stockbridge, Ga., July 27, aged fifty-five years.

Kincaid, James G., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1904, at his home, in Pine Park, Ga., August 27, aged forty-five years.

Lantz, Lester, American Medical University of Pennsylvania, 1879, of Wyalusing, Pa., September 21.

Merrill, Albert, American Medical College, St. Louis, 1875, at his home, in Wilmington, Del., July 21, aged seventy-two years.

Miller, Hiram Garrett, Eclectic Medical Institute, Cincinnati, 1869, at his home, in Charlottesville, W. Va., October 6, aged ninety years.

Moore, John Rollen, American Medical College, St. Louis, 1888, at his home, in Greenfield, Ind., September 13, aged fifty-four years.

Porter, Chas., Kings Medical College, Des Moines, Iowa, 1889, at Creston, Iowa, April 27.

Reichart, George Washington, Eclectic Medical Institute, Cincinnati, 1878, at his home, in Springfield, Ohio, July 27, aged sixty-one years.

Richter, Otto, member of the Connecticut State and National Eclectic Medical Associations, at his home in Bridgeport, Conn.

Ruble, William R., Eclectic Medical Institute, Cincinnati, 1887, a member of the Kentucky State and National Associations, at his home in Smith's Grove, Ky., July 21, aged fifty-nine years.

Scott, Charles Henry, Eclectic Medical Institute, Cincinnati, 1897, at Rupert, Idaho, July 17, aged forty-eight years.

Smith, Henry D., Eclectic Medical Institute, Cincinnati, 1880, a member of the Illinois and National Eclectic Medical Associations, at his home, in Vandalia, Ill., August 7, aged sixty-one years.

Smith, Greene M., American Medical College, St. Louis, 1898, at his home, in Lincoln, Neb., July 14.

Young, Floyd M., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1887, at his office, in Atlanta, Ga., October 6, aged fifty years.

Watson, Clara Emma, Eclectic Medical College of the City of New York, 1895, at her home, in Brooklyn, N. Y., July 31, aged fifty-four years.

THE 1916 MEETING.

Preparations are being made for the next meeting of the National Association at Cedar Point, in June, 1916. The dates reserved are June 19 to 23, inclusive. The Ohio society meeting at the same place the day preceding the National, and will also hold a session sometime on Tuesday. The Ohio officers are working as a unit to make the stay of the National in Ohio pleasant and profitable.

Cedar Point is an ideal place for a meeting, and is very popular with many Ohio associations, such as the Ohio Teachers, Ohio Bankers, and, by no means least, the State legslature usually holds a summer session there. The following are the rates offered: $1.00 per day, each person, two in a room; $1.50 per day single; for the best rooms, $1.50 per day, each person, two in a room; $2.00 per day, single; rooms with bath, $2.00 per day, each person, two in a room; $3.00 per day, single.

Several concessions are offered free by the hotel management to make

the meetings enjoyable. Begin to plan now to meet at Cedar Point, Ohio, in June, 1916.

NATIONAL ECLECTIC MEDICAL ASSOCIATION MEETS AT CEDAR POINT, OHIO, JUNE 20-23, 1916.

OFFICERS.

President.—T. D. Adlerman, M.D., 910 St. John's Place, Brooklyn, N. Y.

First Vice-President.—B. W. Mercer, M.D., Tiffin, Ohio.

Second Vice-President.—F. M. Andrus, M.D., 114 N. 13th Street, Lincoln, Neb.

Third Vice-President.—A. J. Atkins, M.D., 714 Pine Street, San Francisco, Cal.

Recording Secretary.—William P. Best, M.D., 2218 E. Tenth Street, Indianapolis, Ind.

Corresponding Secretary and Editor of the QUARTERLY.—W. N. Mundy, M.D., Forest, Ohio.

Treasurer.—E. G. Sharp, M.D., Guthrie, Okla.

NATIONAL COMMITTEES.

On Conference with Homeopaths—J. K. Scudder, M.D., chairman, Cincinnati, Ohio; J. P. Harvill M.D., Nashville, Tenn.; R. L. Thomas, M.D., Cincinnati, Ohio.

On Grievances—W. S. Glenn, M.D., chairman, State College, Pa.; C. E. Buck, M.D., Boston, Mass.; G. S. Porter, M.D., Linton, Ind.; Frank Webb, M.D., Bridgeport, Conn.

On Credentials—H. Stoesser, M.D., chairman, Brooklyn, N. Y.; J. Stevenson, M.D., Ft. Smith, Ark.; O. C. Welbourn, M.D., Los Angeles, Cal.

On Finance—J. C. Mitchell, M.D., chairman, Louisville, Ky.; B. K. Jones, M.D., Kenton, Ohio; E. J. Dech, M.D., Easton, Pa.

On Necrology and History—H. W. Felter, M.D., chairman, Cincinnati, Ohio; Prof. J. U. Lloyd, Cincinnati, Ohio; H. Harris, M.D., New York, N. Y.

On Press—Wm. N. Mundy, M.D., chairman, Forest, Ohio; V. L. Bell, M.D., Grand Rapids, Mich.; J. K. Scudder, M.D., Cincinnati, Ohio; J. V. Conover, M.D., Elmer, N. J.

On Audit—J. C. Mitchell, M.D., chairman, Louisville, Ky.; H. H. Blankemeyer, M.D., Aransas Pass, Texas; G. O. Hulick, M.D., East St. Louis, Ill.

On Publicity, Pamphlets, etc.—J. K. Scudder, M.D., chairman, Cincinnati, Ohio; Prof. J. U. Lloyd, Cincinnati, Ohio; F. L. Wilmeth, M.D., Lincoln, Neb.

On Medical Colleges—Wm. C. Best, M.D., chairman, Indianapolis, Ind.; Wm. N. Mundy, M.D., Forest, Ohio; J. K. Scudder, M.D., Cincinnati, Ohio; F. L. Wilmeth, M.D., Lincoln, Neb.; B. E. Dawson, M.D., Kansas City, Kansas.

Legislative Committee—Wm. N. Mundy, M.D., Chairman, Forest, Ohio; J. K. Scudder, M.D., Cincinnati, Ohio; E. S. Spindell, M.D., Springfield, Ill.

Committee on Arrangements, Exhibits and Transportation—
J. K. Scudder, M.D., Chairman, Cincinnati, Ohio.
H. W. Powers, M.D., Amherst, Ohio.
J. G. Sherman, M.D., Columbus, Ohio.
W. K. Mock, M.D., Cleveland, Ohio.
B. K. Jones, M.D., Kenton, Ohio.
J. P. Harbert, M.D., Bellefontaine, Ohio.
J. F. Wuist, M.D., Dayton, Ohio.
Harry A. Shafor, M.D., Detroit, Mich.

Committee on Organization—
Arkansas—L. L. Marshall, Little Rock.
California—H. Ford Scudder, Los Angeles.
Canada—J. Gorden Bennett, Halifax.
Colorado—W. O. Patterson, Pueblo.
Connecticut—T. S. Hodge, Torrington.
Cuba—Frank Tudela, Guantanamo.
Florida—J. M. Mann, Lake Butler.
Georgia—J. H. Goss, Decatur.
Idaho—Russell Truitt, Cottonwood.
Illinois—G. O. Hulick, East St. Louis.
Indiana—H. E. Vitou, South Bend.
Iowa—W. W. Maple, Des Moines.
Kansas—J. H. Rinehart, Topeka.
Kentucky—T. A. E. Evans, Farmers.
Maine—A. Fossett, Portland.
Maryland—Geo. W. Fisher, Baltimore.
Massachusetts—C. E. Buck, Boston.
Michigan—H. Shafer, Detroit.
Minnesota—F. E. Hufnail, Minneapolis.
Mississippi —
Missouri—B. J. Wiesner, St. Louis.
Nebraska—E. J. Latta, Kenesaw.
Nevada—J. P. Martin, Reno.
New Hampshire—L. P. Massicotte, Keene.
New Jersey—G. E. Potter, Newark.
New York—T. D. Adlerman, Brooklyn.
Ohio—W. N. Mundy, Forest.
Oklahoma—K. P. Hampton, Sopor.
Oregon—H. L. Henderson, Astoria.
Pennsylvania—E. J. Dech, Easton.
Rhode Island—D. L. Powe, Providence.
South Dakota—W. E. Daniels, Madison.
Tennessee—J. P. Harvill, Nashville.
Texas—H. H. Blankmeyer, Aransas Pass.
Utah—C. L. Olsen, Murray.
Vermont—H. N. Waite, Johnson.
Washington—J. W. Cosford, Spokane.
Wisconsin—J. R. Brewer, Jefferson.
Wyoming—T. A. Dean, Casper.

SECTIONS.

Section 1, Practice—E. H. Stevenson, M.D., chairman, Ft. Smith, Ark.; C. M. Chandler, M.D., vice-chairman, Salt Lake City, Utah; J. C. Mitchell, M.D., secretary, Louisville, Ky.

Section 2, Surgery—E. B. Shewman, M.D., chairman, Cincinnati, Ohio; L. Lanzer, M.D., vice-chairman, Brooklyn, N. Y.; W. L. Heeve, M.D., secretary, Brooklyn, N. Y.

Section 3, Materia Medica—H. W. Felter, M.D., chairman, Cincinnati, Ohio; N. M. Glenn, M.D., vice-chairman, State College, Pa.; J. P. Harvill, M.D., secretary, Nashville, Tenn.

Section 4, Obstetrics—H. H. Helbing, M.D., chairman, St. Louis, Mo.; Pina M. Welbourne, M.D., vice-chairman, Los Angeles, Cal.; F. M. Bettencourt, M.D., secretary, Mart, Texas.

Section 5, Public Health—H. Shafor, M.D., chairman, Detroit, Mich.; G. E. Potter, M.D., vice-chairman, Newark, N. J.; M. E. Daniel, M.D., secretary, Honey Grove, Texas.

Section 6, Nervous and Mental Diseases—W. E. Postle, M.D., chairman, Shepard, Ohio; F. S. Peck, M.D., vice-chairman, Oklahoma City, Okla.; F. E. Hufnail, M.D., secretary, Minneapolis, Minn.

Section 7, Gynecology and Orificial Surgery—B. E. Dawson, M.D., chairman, Kansas City, Mo.; J. S. Hagen, M.D., vice-chairman, Cincinnati, Ohio; M. B. Pearlstien, M.D., secretary, Brooklyn, N. Y.

Section 8, Pediatrics—Emile Brunor, M.D., chairman, New York City; G. C. Porter, M.D., vice-chairman, Linton, Ind.; W. N. Mundy, M.D., secretary, Forest, Ohio.

Section 9, Pathology—C. L. Johnstonbaugh, M.D., chairman, Bethlehem, Pa.; H. L. Henderson, M.D., vice-chairman, Astoria, Oregon; J. M. Wells, M.D., secretary, Vanceburg, Ky.

Section 10, Genito-Urinary Diseases—G. O. Hulick, M.D., chairman, East St. Louis, Ill.; H. Dincin, M.D., vice-chairman, Brooklyn, N. Y.; C. E. Laws, M.D., secretary, Ft. Smith, Ark.

Section 11, Ophthalmology—J. C. Solomon, M.D., chairman, Los Angeles, Cal.; J. H. Powell, M.D., vice-chairman, Atlanta, Ga.; R. C. Heflebower, M.D., secretary, Cincinnati, Ohio.

NEW APPLICATIONS FOR MEMBERSHIP TO NATIONAL, AUGUST 20 TO NOVEMBER 20, 1915.

ARKANSAS.

Shelto, J. H., Buena Vista.

CONNECTICUT.

Tommasello, Stanley, Greenwich.

KANSAS.

Dean, G. R., McPherson.
Rinehart, J. H., Topeko.

OHIO.

Fahl, Wm. A., Mt. Blanchard.

OKLAHOMA.

Craig, H. F., Charleston.

PENNSYLVANIA.

Hunt, James E., ————.

TEXAS.

Castellan, C. F., Ft. Worth.
Walker, E. L., Gladewater.

UTAH.

Olsen, Chas. L., Murray.

WISCONSIN.

Duclos, A. A., Kilbourn.

THE ECLECTIC MEDICAL COLLEGE.

Dear Doctor—I am very glad to inform you that the seventy-first session of the college opened auspiciously last month with an enrollment of twenty-two freshmen, twenty-three sophomores, twenty-four juniors, twenty-nine seniors, six special students; total, 104.

While this is slightly less than usual, owing to the pre-medical college year requirement, we are satisfied.

Our college course runs eight months, averaging 4,552 hours in the four years.

For entrance, we require of every matriculate, an Ohio medical students' certificate, issued on fifteen units of a first grade high school course, and in addition, a year of work of college grade in physics, chemistry, biology and a modern language.

We have six salaried laboratory instructors, a new modern college building, which, fully equipped, has cost to date, $66,000. Our endowment fund is approaching the $50,000 mark.

Our junior students attend the co-operative courses of the Health Department and the Tuberculosis Hospital (320 beds), as well as the Seton Hospital Clinics.

Our seniors attend the clinics and bedside instruction in the new Four Million Dollar Municipal Hospital (850 beds).

This college is one of sixty-two out of ninety-nine recognized by the Ohio State Medical Board, one of the sixty-one accredited for examination and reciprocity in Pennsylvania, the only Eclectic college of the sixty-nine registered by the New York Regents.

Every graduate of the class of 1915 has passed one, and, in some cases, two State board examinations; eleven are now serving hospital interneships.

Whenever you have occasion, don't fail to impress your State board with the excellent standing of the Eclectic Medical College.

Sincerely,
JOHN K. SCUDDER, M.D., *Secretary.*

SPECIAL ANNOUNCEMENT.

Dear Doctor—The Lincoln Medical College, while retaining affiliation with Cotner University, has arranged an association with the State University of Nebraska, where its science work will be done in the laboratories of the State.

A number of teachers of ability have been added to the faculty which materially strengthens the force and insures an excellent course.

We will include all that is practical in the present practice, and avoid, as much as possible, the so-called theories of schools, while we will adhere to the principles of Specific Medication.

The association with the University of Nebraska will permit of the concentration of the faculty largely on the work of the senior and junior years; while the work of the freshman and sophomore years will be reinforced with special work on materia medica and therapeutics in the class rooms in the medical college.

A diploma from an accredited high school will be accepted as the entrance qualifications for the present year only, after which time two years of college work will be required.

The management of the college feels highly gratified with the success of the applicants for registration the past year, among whom there were no failures.

Will you please send at once the name of any one whom you know to be interested in the study of medicine.

Very truly and fraternally,
F. L. WILMETH, M.D., *Dean.*

SOCIETY CALENDAR.

1. National Eclectic Medical Association—President, T. D. Adlerman, 910 St. Johns Place, Brooklyn, New York; Secretary, Wm. P. Best, Indianapolis, Indiana. Cedar Point, Ohio, June 20-23, 1916.
2. Albany and Saratoga District Medical Society.
3. American Eclectic Materia Medical Association. President, R. B. Taylor, Columbus, Ohio; Secretary, A. W. Smith, Berwyn, Ill.
4. Arkansas Eclectic Medical Society. President, Adolph Jernigan, Tuckerman; Secretary, J. F. Lewis, Little Rock. June, 1916.
5. Atlanta Eclectic Medical Society. President, J. Q. Brantley; Secretary, S. L. Katzoff, Atlanta, Ga.
6. Boston District Eclectic Medical Association. President, Geo. E. Pool, Sherbourn.

7. Brooklyn Therapeutic Society. Secretary, J. Steele, 96 Monitor Street, Brooklyn. Quarterly.

8. California Eclectic Medical Society. President, Chas. Clark, San Francisco; Secretary, H. Ford Scudder, Los Angeles, San Francisco.

9. Central New York Eclectic Medical Society. Secretary, J. H. Terpenning, Fulton; L. B. Gardiner, Geneva.

10. Chicago Eclectic Medical and Surgical Society. Monthly.

11. Colorado Eclectic Medical Society. President, J. A. Dungan, Greeley; Secretary, Geo. H. Candlin, Eaton.

12. Connecticut Eclectic Medical Society. President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually.

13. Dayton Eclectic Medical Society. President, E. E. Bechtell; Secretary, J. F. Wuist. Third Friday of each month.

14. Doctors Club, St. Louis. President, E. P. Waterhouse; Secretary, A. F. Stephens.

15. Eclectic Medical Society of the City and County of New York. President, H. Harris; Secretary, J. Berkenhauser, 216 East 17th Street, New York City. Third Thursday of each month.

16. Florida Eclectic Medical Association.

17. Ft. Wayne Eclectic Medical Society. President, G. A. Barry; Secretary, J. E. Morris. Monthly.

18. Georgia Eclectic Medical Association. President, John H. Powell, Atlanta; Secretary, E. L. Daniel, Kirkwood. Atlanta, 1916.

19. Illinois Eclectic Medical Association. President, J. P. Bennett, Chicago; Secretary, Geo. O. Hulick, East St. Louis. Chicago, May, 1916.

20. Indiana Eclectic Medical Association. President, G. E. Porter, Linton; Secretary, F. L. Hosman, Indianapolis. Indianapolis, May, 1916.

21. Iowa Eclectic Medical Society. President, H. S. Huckins, Des Moines; Secretary, B. C. Minkler, Des Moines, May, 1916.

22. Kansas Eclectic Medical Association. President, Jay Baird, Coffeyville; Secretary, E. K. Lawrence, Pawnee Rock. Emporia, 1916.

23. Kansas City Medical Society. Semi-monthly.

24. Kentucky Eclectic Medical Society. President, J. L. Richardson, Ashland; Secretary, Lee Strouse, Covington. Louisville, 1916.

25. Kentucky Central Auxiliary. President, J. H. Shultz, Jeffersonville; Secretary, T. A. E. Evans, Farmers.

26. Kentucky Eastern Auxiliary. President D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton.

27. Kings County Eclectic Medical Society. President, Theo. D. Adlerman; Secretary, A. B. Wolf, 968 Forest Avenue, Brooklyn, N. Y.

28. Los Angeles County Eclectic Medical Society. President, O. C. Welbourn, Los Angeles; Secretary, K. E. Seeburger, Los Angeles.

29. Maine Eclectic Medical Society. President, A. S. Von Sonneberg, Boston, Mass.; Secretary, Fred. W. Abbott, Taunton, Mass. Next meeting Portland, Me., May, 1916.

30. Maryland State Eclectic Medical Society President, Geo. W. Fisher, Baltimore; Secretary, F. L. C. Helm, 2757 West North Avenue, Baltimore.

31. Massachusetts Eclectic Medical Society. President, Chas. E. Buck, Boston; Secretary, Fred G. Phillimore, 320 Hanover Street, Boston, June, 1916.

32. Michigan Eclectic Medical Society. President, V. L. Bell, Grand Rapids; Secretary, J. E. G. Waddington, Detroit. Detroit, 1916.

33. Missouri Eclectic Medical Society. President, J. R. Berry, Cartersville; Secretary, B. J. Weisner, St. Louis. Kansas City, May, 1916.

34. Missouri Valley Eclectic Medical Association. John C. Story, St. Joseph.

35. Minnesota Eclectic Medical Society.

36. Monroe County Eclectic Medical Society. Secretary, Darwin Cary, 31 Grand Avenue, Rochester, N. Y.

37. Nebraska Eclectic Medical Society. President, W. D. Guttery, Norfolk; J. N. Campbell, Stamford.

38. New England Medical Association. President, C. A. Pratt, Mattapan, Mass.; Secretary, F. W. Abbott, Taunton, Mass. Boston, 1916.

39. New Hampshire Eclectic Medical Society.

40. Northeastern Ohio Eclectic Medical Society. President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.

41. Northwestern Ohio Eclectic Medical Society. President, A. R. Russell, Hamler; Secretary, W. F. Lehr, Arlington. Quarterly, next meeting, Lima, January, 1916.

42. New Jersey Eclectic Medical Society. President, Geo. E. Potter, Newark; N. J.; Secretary, A. Liva, Lyndhurst. Newark, October 26, 1915.

43. New York Eclectic Medical Society. President, R. A. Toms, Kenmore; Secretary, T. D. Alderman, 910 St. Johns Place, Brooklyn. Albany, N. Y., March 22-23, 1916.

44. New York Specific Medication Club. President, M. D. Pearlstein, Brooklyn; Secretary, John Birkenhauser, 216 East 17th Street, New York City. Second Thursday of each month.

45. Northwestern Indiana Eclectic Medical Society. Secretary, W. F. Smith, Huntington.

46. Ohio Central Eclectic Medical Society. President, Geo. Williams, Columbus; Secretary, C. M. Deem, Columbus. Monthly.

47. Ohio Eclectic Medical Association. President, H. W. Powers, Amherst; Sectary, W. N. Mundy, Forest. Cedar Point, June 19, 1916.

48. Oklahoma Eclectic Medical Society. President, T. C. Leachman, Richmond; Secretary, D. E. McCarty, El Reno. Tulsa, May, 1916.

49. Oregon Eclectic Medical Association. Secretary, Byron F. Miller.

50. Pennsylvania Eclectic Medical Association. President, M. V. Hazen, Titusville; Secretary, J. W. Ritter, Jersey Shore. Harrisburg, October, 1916.

51. Saratoga and Albany Eclectic Medical Society. Secretary, E. H. King, Saratoga Springs.

52. South Dakota Eclectic Medical Society. President, W. E. Daniels, Madison; Secretary, W. P. Collins, Howard.

53. Southern California Eclectic Medical Association. President, O. C. Darling, Riverside; Secretary, H. C. Smith, Los Angeles.

54. Southwestern Ohio Eclectic Medical Association. President, R. C. Heflebower, Cincinnati; Secretary, Cloyce Wilson, Cincinnati.

55. San Francisco County Eclectic Medical Society. Secretary, A. Florence Temple. Meets first Thursday of each month, except July.

56. Sullivan County Eclectic Medical Society.

57. Tennessee Eclectic Medical Association. President, J. P. Harvill, Nashville; Secretary, John O. Cummins, Nashville. May, 1916.

58. Texas Eclectic Medical Association. President, W. W. Wimer, Honey Grove; Secretary, H. H. Blankmeyer, Aransas Pass. Dallas, October, 1915.

59. Vermont Eclectic Medical Association. President, J. V. H. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier.

60. Washington Eclectic Medical Association. President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle.

61. Western Ohio Eclectic Medical Association. President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly

62. Western New York Eclectic Medical Society. President, T. A. Toms, Kenmore; Secretary, E. L. Downey, Middleport.

63. West Virginia Eclectic Medical Association. President, M. H. Waldron, Naugatuck; Secretary, A. C. Lambert, Charleston.

64. Wisconsin Eclectic Modical Society. President, J. B. Brower, Jefferson; Secretary, R. C. Rodecker, Holcombe.

CALENDAR OF STATE EXAMINING BOARDS.

(Secretaries will please keep us informed of changes and dates.)

**Alabama*—One board. Secretary, W. H. Sanders, Montgomery.

Alaska—Secretary, Henry C. DeVighue, Juneau.

Arizona—One board. Secretary, John Wix Thomas, Phoenix. Eclectic member, R. M. Tafel, Phoenix.

**Arkansas*—Three boards. Secretary, Eclectic Board, C. E. Laws, Ft. Smith.

**California*—One board. Secretary, Chas. B. Pinkham, San Francisco. Eclectic member, H. V. Brown, Los Angeles.

**Colorado*—One board. Secretary, David A. Strickler, 612 Empire Bldg., Denver.

**Connecticut*—Three boards. Secretary Eclectic Board, T. S. Hodge, Torrington.

* *Delaware*—Two boards. Secretary Homeopathic Board, R. A. Kittinger, Wilmington.

**District of Columbia*—Three boards. Secretary Med. Supervisors, Edgar P. Copeland, the Rockingham, Washington, D. C.

**Florida*—Three boards. Secretary Eclectic Board, H. J. Hampton, Tampa.

**Georgia*—One board. Secretary, C. T. Nolan, Marietta. Eclectic members, A. F. White, Flovilla; O. B. Walker, Bowman; A. Fleming, Waycross.

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THE PATHOLOGY OF ARTERIOSCLEROSIS.

HERBERT T. COX, M.D., LOS ANGELES, CAL.

According to Warfield, "Arteriosclerosis may be defined as a chronic disease of the arteries and arterioles characterized anatomically by increase or decrease of the thickness of the walls of the blood vessels, the initial lesion being a weakening of the middle layer, caused by various toxic and mechanical agencies."

Before discussing the structure of the lesions we will consider the etiology. To begin with, two broad divisions of arteriosclerosis may be made: The first is the congenital form, so-called, or that which results from inherited tendency. This is based upon the theory that some people are not endowed with as good arterial tissue with which to begin life as they should have, on account of the constitutional diseases or habits of their ancestors. Consequently unless they escape the etiological factors of acquired arteriosclerosis they show sclerotic changes at a very early age. But if the tendency were known by guarding their living they might postpone the process for some time.

The second class is the acquired form, and it is, in fact, generally the only one we consider. The main factors in the etiology of this form is the triad: Tension, toxins and time. Probably as far as we now know in the order named. Hypertension is now believed to hold first place, although some seem inclined to place toxins first. But hypertension seems to be a cause rather than a result of arteriosclerosis. Among the etiological factors may be mentioned age. As time passes on the integrity of the arterial tissue seems to wane, but other things being equal probably the better the arterial tissue in the beginning the longer it resists these time elements.

Sex: The males seem far more prone to arterial disease than women.

Race: The Negro seems to be the victim more frequently than his white brother.

Occupation: The fact is that any occupation which requires either absorption of toxic substances, or prolonged muscular labor will hasten markedly the onset of arterial disease.

Infectious diseases, on account of the circulating toxins, seem to have a marked effect according to the length of time that they have acted. Other causes that may be mentioned are: Syphilis, chronic drug intoxications, over-eating, mental strain, muscular overwork and renal disease.

Having considered the main causes briefly, we will now turn to the pathological anatomy. The order of frequency in which arteries are affected is probably as follows: Aorta, splenic, femoral, iliac, coronary arteries of the heart, arteries of the brain, uterine, subclavian, brachial, ulnar and radial arteries.

The whole subject of the pathology of arteriosclerosis has been much enriched by the practical application of blood pressure instruments clinically upon man and study of experimental lesions produced by drugs and micro-organisms upon the aortas of rabbits. Simple atheroma, which shows small whitish plaques on the retina due to fatty degeneration, must not be confused with the lesions of arteriosclerosis, as they have no significance, except the danger of clot formation upon the eroded surface.

It is customary to differentiate three types of arteriosclerosis, namely, (1) nodular; (2) diffuse; (3) senile; but this is not a classification of distinct types, as they often exist in various grades in the same individual. It is better, perhaps, to separate the three groups into (1) nodular; (2) diffuse or senile; and (3) syphilitic.

In the nodular form the lesions are found on the aorta and large branches, particularly at or near the orifices of branching vessels. These nodules may increase in size forming large, slightly raised plaques of yellowish white color. The initial lesion is in the media, consisting of an actual dissolution of this coat with rupture of the elastic fibers and infiltration with small round cells. There is thus a weak spot in the artery and, layer upon layer of intimal cells form over the injured place in an attempt to strengthen it, and at the same time there is a thickening of the connective tissue of the adventitia. The blood supply to the inner portion of the media comes from the blood stream itself, and as the intimal growth takes place the blood supply is cut off and this leads to softening in these places. These may rupture, leaving ulcerated places, or calcification may take place. The changes in the intima constitute the effort on the part of nature to repair a defect in the vessel wall which is to compensate for the weakened media and the widened lumen.

Two processes may take place due to hypertension: First, a dilatation and thinning of the arterial walls; second, a thickening and intimal hypertrophy. If the strain is pronounced there is dilatation. If only moderate, there is thickening of the walls, diverse manifestations of a common cause.

In the diffuse or senile type the aorta may appear smooth, but it is markedly dilated, particularly the thoracic portion which is elongated, as evidenced by its slight tortuosity, and it has lost the greater part of its elas-

ticity. Associated with such changes in the aorta and its larger branches is marked sclerosis of the smaller arteries. Intimal fibrosis is common, together with hypertrophy and fibrosis of the middle coat, with sometimes, periarterial thickening. Calcification of the media is found and is preceded by hypertrophy of the media. In the radial artery the media, as usual, is affected first. The muscle cells undergo degeneration, and either marked thickening takes place or sacculation results, depending upon the severity of the exciting cause. Calcification of the media is common. This occasionally takes the form of rings encircling the vessel, because of the alternation in this artery of the circular muscle bundles with the circular yellow elastic fibers. This gives to the examining finger the sensation of feeling a string of fine beads. If calcification does not take place the vessel may become tortuous in character, due the loss of its elasticity.

The syphilitic form seems to have its seat of election in the aorta, just above the aortic valves, and in the ascending portion of the arch. There are semi-translucent, hyaline-like plaques which have a tendency to form in groups, and instead of undergoing an atheromatous change, as in the ordinary nodular form, they are prone to scar formation and puckering, so that microscopically the nature of the process may, as a rule, be readily diagnosed. Microscopically, the process is found to be a subacute inflammation of the media. There is marked round cell infiltration around some of the branches of the vasa vasorum and absorption of the tissue elements of the middle coat. This is accompanied by hypertrophy of the intimal tissue, and there follows a degeneration of the deeper portions of this new tissue and new capillaries are formed, which have their origin in the inflammatory area in the media. This granulation tissue in the process of healing contracts and forms the characteristic scars on the aorta. When the process is more acute, actual destruction instead of reparative processes takes place, resulting in aneurysmal dilatation at the weakened spot. Spirochete pallidae have been found in the degenerated media and in small gummata, which were situated beneath the intima. A large percentage of patients with cardio-vascular disease give the Wassermann reaction. In cases of aortic insufficiency the reaction is said to be present in almost every case. Obliterating endarteritis may occur in such organs as the kidney, liver, spleen and intestines. This generally occurs in the smaller arteries, and is an irregular thickening, with deposits of lime salts in the walls. Occasionally such an obliterating process takes place in a larger artery and a thrombus forms, but by a process of central softening new channels permeate the thrombus and the function of the vessel is restored to some extent.

DISCUSSION.

Dr. A. S. Tuchler: I would like to take issue with the statement the doctor makes as to the cause. It was always my idea, and we have been

taught that it is the sedentary habits that lead to hypertension, while the doctor's paper, as I understand it, says those who are accustomed to severe muscular labor are sufferers from that condition. I have observed that the ordinary working man that works hard, whether a boiler maker, a machinist, or what not, can eat three times a day and drink his beer and whiskey and indulge in food without any danger to himself. He needs an abundance of proteids to give him energy to do his work. But let us of sedentary habits indulge in that and hypertension will be pronounced in a short time. Therefore, that is an important feature that I do not like to see passed by without bringing out that particular point.

Dr. Saxton: Perhaps I have as great opportunity for observing conditions among the laboring class of the far South as any of you. They are almost entirely of the laboring class, and yet I find a great many cases of arteriosclerosis. So it is not clear, in my mind, that sedentary habits or working habits are really the cause of arteriosclerosis. So far as the real condition that brings about arteriosclerosis, I think it is easier for us to treat the condition when it exists than to get a good clear idea of the cause. I do not know, but I will have to say as I did yesterday, "We don't know nothin' and we don't know that."

Dr. Cox: I think that the doctor who has just spoken is correct, that we don't know nothin,' but there is a good deal of work being done on this line, and the drift seems to be toward the idea that hypertension is the cause and not the result. A man might work hard and not be under the strain that would cause hypertension. There are so many factors that enter into blood pressure that relative blood pressure has very little effect. It is the continued blood pressure that makes the difference.

THE UPPER RIGHT-HAND QUADRANT.

H. A. Shafor, M.D., Detroit, Mich.

The ultimate aim of medical science must be founded upon correct diagnosis. The drudgery of painstaking examination can not be avoided by the physician, as his ultimate success in treatment depends upon the accuracy of his findings. To prescribe for a patient for any disorder without a careful examination is neither scientific or honest, and is a great injustice, both to patient and physician.

(I recently saw a patient who had been treating with one physician for ten weeks for indigestion, who had an adenosarcoma of the cecum, and his abdomen or stomach had never been examined.)

A quick off-hand diagnosis may appear wonderfully spectacular to the inexperienced, but such methods should have no place in any branch of the medical art, and especially in those diseases of the abdomen where error may lead to disaster, or even sacrifice the life of the patient. Symptoms of a mild character, so often meaningless to the average person, may be of great diagnostic value to the experienced physician, for he has learned, as every good diagnostician and successful physician must know, the value of symptoms. This knoweldge enables him to formulate these meaningless signs into the language of disease.

The frequency with which severe and serious abdominal lesions are located in the upper right-hand quadrant of the abdomen has prompted me to say a few words upon the importance of a careful examination of this portion of the anatomy.

The abdomen is the largest cavity in the body. It is of an oval form, the extremities of the ovals being directed upward and downward. The upper one being formed by the under surface of the diaphragm, and the lower one by the upper concave surface of the levator ani muscles. It is divided into two portions, the upper and larger, known as the abdomen proper, and the lower and smaller one as the pelvis. A simple division of the surface of the abdomen into regions is made by a verticle line extending downward from the sternal cartilage to the pubic arch, and a transverse line intersecting at the umbilicus. The four spaces thus defined are known respectively as the right and left upper and lower quadrants. Within the upper right quadrant, we find the greater portion of the liver, the gall-bladder, the duodenum, the hepatic flexure of the colon, a portion of ascending and transverse colon, coils of the small intestine, right kidney and ureter, and a portion of the pyloric end of the stomach.

In order to examine this quadrant, the patient should be in the recumbent position with knees flexed to relax the abdominal muscles. The clothing should be removed to the waist line or loosened to such extent as to admit free access to the skin.

First, note the rigidity of the muscles and general contour of the region. Is the skin surface depressed, or round and bulging? Are there any inequalities or pulsating areas upon the surface? With the left hand upon the patient's back—palm upward—make pressure upward and outward over the right kidney. Is there sensitiveness in this region, or, if the patient has constant distress at this point, is it relieved by pressure just described? With left hand still continuing pressure upward and outward, palpate the lower border of the liver and note, size, sensitiveness and density of the same. A little bit lower, palpate for the right kidney, and, if you are able to feel it, note distance of lower pole below border of ribs, degree of mobility and sensitiveness of same.

If the patient has a fleshy abdomen have him turn upon the left side with the knees flexed upon the abdomen and proceed by the same method. It is quite remarkable how this position aids in the examination of a corpulent patient.

To palpate the liver the patient should be in the recumbent position, with head and shoulders somewhat raised and knees flexed as before mentioned. Sitting at the right side of the patient and facing the bed, the right hand is placed flat upon the abdominal wall below the right costal arch, the fingers pointing upward and toward the median line, their tips resting just outside of the border of the right rectus muscle. Try first to locate the lower border of the organ. Depress the fingers and upper border of

the hand so as to push up a fold of skin, feeling at the same time for the resistant edge of the organ. Have the patient take a number of deep respirations, pressing the fingers inward toward the end of expiration, when if the liver is palpable, it will be felt to slip under the fingers as it moves about half an inch up and down with the respiratory efforts. If the liver is greatly enlarged it must be sought for at different points from below upward, and extending across the median line. If a ridge is felt and one is unable to be certain whether it is the edge of the liver or not, the notch for the gall-bladder may be sought. Note the character of the edge as to sharp or thick, smooth or irregular. Palpate the surface, not only of the left lobe in the epigastrium, but in case of enlargement, that portion which projects from under the ribs. Note whether it is smooth, roughened, nodular or presents large masses. Note the consistence. Is it hard, soft, or fluctuating?

A general increase in the size of the liver may be due to passive congestion, usually from valvular heart disease. I recall a case, the patient, a child, ten years of age, had a valvular heart disorder following diphtheria, and the liver became greatly enlarged, extending downward below the crest of the ilium, and across the median line; in fact, almost filled the abdominal cavity (the increase due to cancer may also be very great).

Circumscribed enlargements of the liver are usually due to abscess, cancer or gumma. Displacements of the liver may occur upward or downward. The displacement upward may be due to pressure from large abdominal tumors, or ascites. Collapse or retraction of the right lung will also draw it upward.

Displacement downward may be caused by pressure on the diaphragm, due to emphysema, spasmodic asthma, large right pleural effusion, intrathoracic tumor, greatly enlarged heart or large pericardial effusion.

The liver may also become prolapsed, as a part of a general ptosis of all the abdominal organs, as in a Glenard's disease. A prolapsed liver, because of its separation from the diaphragm, does not move so freely with respiration as the normal or enlarged organ.

A diminution in the size of the liver is suggestive of cirrhosis, this being the most common cause of atrophy. Abnormal consistence of the liver would be dense, hard and resistent. Such conditions are suggestive of cirrhosis, carcinoma or syphilitic diseases.

The gall bladder lies just internal to the ninth right costal cartilage and close to the outer edge of the right rectus muscle. When empty it is not palpable, when filled it may be felt as a smooth, pear-shaped mass. In the absence of adhesion it is movable from side to side, and rises and falls with respiration. If it is the seat of a malignant growth, it is irregular and nodular.

Next in importance of disease conditions found in this quadrant is the prolapsed right kidney. The symptoms in this grave and common disorder

are so numerous and so variable that it behooves one to examine carefully, lest the patient be relegated to that large and undesirable class of hypochondriacs and chronic dyspeptics. I think the great variety of symptoms in these cases is due to the fact that with the prolapsed kidney you also have the prolapsed colon, and the diagnosis of the prolapsed kidney is much easier than the diagnosis of the prolapsed colon alone.

To palpate the kidney, posture is of great importance. The patient must be in such a position that the muscles of the abdomen, the loins and the thoracic regions will be relaxed. Place the patient on the back, with a small pillow under the head, the thighs flexed and heels close to the buttocks. Expose the patient as previously described. Standing upon the right side of the patient, place the fingers of the left hand in the triangular space in front of the right quadratus lumborum muscle, and just below the twelfth rib, and the tips of the fingers of the right hand in front, just below the costal margin of the same side. Allow the fingers to gently follow the movement of the parietal walls during deep inspiration. Direct the patient to expire the air completely from the lungs, and as this is being done press the fingers gently but firmly toward each other. This will usually dislodge a kidney of any degree of displacement so that it can be felt, either wholly or partially below the costal margin. If this method of examination fails the lateral position should be tried. Turn the patient on the left side, flex both thighs slightly, the right one the most. Proceed in the examination as described for the dorsal position. This will invariably bring the loose kidney to the palpating fingers.

Hydronephrosis of the right side is another condition, quite common, which may be diagnosed by careful examination of this region. From whatever cause arising, the history of the development of hydronephrosis will vary in different cases, depending upon the manner in which the obstruction of the ureter occurs. In the class of cases where the obstruction occurs slowly, gradually and continuously, no marked general symptoms may arise until a considerable tumor has formed and produces symptoms of pressure on surrounding organs. A constant sense of fullness and dragging in the right lower abdomen, extending up over the crest of the ilium, accompanied by attacks of pain in the back radiating downward along the ureter to the external genitals. These attacks, due to a temporarily increased tension of the sac from unusual secretion of urine, or complete obstruction of the ureter. Pressure symptoms on the stomach and colon appear when the tumor reaches a certain size, and there is loss of appetite, indigestion, nausea, vomiting and constipation. When the tumor has reached sufficient size it will occupy the space in front of the lower ribs, to the right side of the spine, and project forward below the margin of the ribs, presenting a tense, smooth, rounded tumor mass. Upon bi-manual

palpation, as previously described, a sense of increased tension in the sac is felt by the hand on the abdominal wall, while pressure is made with the other hand posteriorly. The relation of the colon to the tumor, as in other kidney enlargements, is found to cross anteriorly, either obliquely or vertically.

Disorders of the pyloric end of the stomach usually occur as chronic progressive conditions, and are very difficult to diagnose. In fact, authorities seem to agree that it is practically impossible to positively diagnose and differentiate pyloric and duodenal ulcers outside of an exploratory incision. However, these conditions exist quite commonly and we must at least try to recognize them when we meet them.

Acute pyloric ulcer produces no physical signs other than localized tenderness and that is not always present. In cases of chronic ulcer deep pressure causes pain which is more marked than in malignancy. In some cases the inflammatory process induces an infiltration which produces a palpable tumor mass, even in fairly well-nourished patients, and the existence of such a tumor mass will always arouse the suspicion of cancer rather than ulcer.

Tumors of the pylorus are almost always carcinomatous and are the most frequent cause of stenosis. Briefly, the symptoms of stenosis of the pylorus with dilatation of the stomach are as follows: The patient suffers from gastric dyspepsia, he has a sense of distention and distress after taking food. In bad cases he is only relieved by vomiting or emptying the stomach by a tube. There is loss of appetite, eructations of burning gas and fluid, tongue coated, bad taste in the mouth and unpleasant breath. Acute pain after eating may or may not be present. Fluids swallowed, pass only in small quantities beyond the stomach, and there is a continual annoying thirst. The symptoms of duodenal ulcer are similar to those of ulcer of the stomach. There are, however, certain distinguishing characters. In gastric ulcer hyperacidity is the rule. The digestive disturbances are less marked, or, if pain and distress after eating are present, they are not felt immediately after swallowing food, as in gastric ulcer, but are delayed for some little time. Palpation produces pain and tenderness over the seat of the ulcer and is distinctly farther to the right than in gastric ulcer, because symptoms of disturbances of gastric digestion may be entirely absent. There may be no vomiting and, in fact, the general health but very little impaired until the appearance of a serious complication, such as perforation or hemorrhage.

Now I have touched but briefly upon a few of the disorders due to diseased organs occupying this particular portion of our anatomy, the object of this paper being to briefly call your attention to the necessity of careful examination of this important upper right-hand quadrant.

STERILITY CONSIDERED FROM A CAUSATIVE STANDPOINT.

K. E. Selburger, M.D., Los Angeles, Cal.

In the light of modern advancement of the Twentieth Century, imbued with the spirit of the tendency toward the establishment of equality of sex, desirous that an impartial, comprehensive and thorough understanding of the subject be gained, it has been deemed advisable, and but paying due homage to blind justice, that the male and female aspect of the subject be equally considered, that equality of mention, consideration and blame be attached thereto.

Sterility, infecundity, barrenness, defined as the lack of capacity for conception or impregnation, and again as a disease of married life, affecting the generative and procreative powers of the contracting parties so that marriage remains fruitless.

The average interval between marriage and the birth of the first child is seventeen months, and the probability of impregnation decreases thereafter. Only 25 per cent. of women bear their first child after four years. Thus a union may be regarded as presumptively sterile when, after three years of married life no child has resulted. The percentage of sterility increases with the degree of civilization, and in modern civilization the percentage is about 10 per cent. Pinard collected statistics and estimates the percentage of families without children as 11.3 per cent. in Paris, and 12.8 per cent. in Berlin. It is probable that the American ratio is much higher.

That it is a question of the highest national importance, all will agree, for upon the fidelity of man and wife, which go to make up the body politic, depends the healthy national life. All that wealth, beauty and all the precious stores that tradition ever gave to humanity become but a piteous reminder of what might have been, if accompanied by progressive sterility.

The Creator's command, "And God blessed them and said unto them, be fruitful and multiply and replenish the earth and subdue it and have dominion over the fish of the sea, over the fowl of the air and over every living thing that moveth upon the earth," is rendered futile by sterility.

It is unquestionable that the female sex has suffered gross injustice in times past or undeserved blame. The legal status of a woman who was childless in marriage has, in many periods of the world's history, been far from enviable. The orthodox Jews are at liberty, even to-day, to divorce the wife who has been seven years childless. In the remote past and even up to the late present it has been generally believed that the fault is nearly always to be found with the wife. We are only beginning to realize how much blame, both direct and indirect, must attach to the male when normal sexual union fails to result in impregnation. Statistics gained from modern investigations go to show that the husband is at fault in about one case out of every six.

Male sterility attracted little attention until 1901 to 1903, when Martin Scaduto and Bogoljuboff published their works relative to sterility. Also Vedder, of Christiania, in reporting on sterility in marriage, found that in three hundred and ten cases, 70 per cent. were due to the husband. Statistics gathered by other authorities go to prove that one marriage out of every eight among people who are apparently in good condition fails of offspring. It must be borne in mind, however, that such reports, as well as views, differ materially with the age and social standing of the physician. Still considering generalities, it may be of interest to recite, as gained from an article on sterility, the relative body functions. The growth of the body ceasing in adolescence has on hand a nutritive surplus no longer required by the body for its growth, so it overflows periodically through the genital organs. A woman's weight increases three to seven pounds in the week preceding the menstrual flow, which is soon lost after the period of flow. In the male a provision for the utilization of this excess of nutritive surplus, a mechanism by which over-growth is transformed into energy, is spermatogenesis of the testis. From this it is to be understood that spermatogenesis is not, as has been supposed, the essential function of the testis. Spermatogenesis waxes and wanes with the animal's nutritive surplus, ceasing in starvation, and excessive in the over-fed barn yard fowl, or human glutton; absent in some animals during the winter and when confined in captivity. It is interesting to note that whatever be the cause which arrests spermatogenesis the effect on the testis is a pronounced increase in the number and size of the interstitial cells. The testis of the mule is an example in which we find a lack of spermatozoa and exuberance of interstitial cells, and yet no animal can lay claim to more endurance.

Hastily considering next types of sterility, we will confine ourselves to the mention of: First, *absolute sterility,* in which the individual has utter incapacity for offspring; *relative sterility,* when the difficulty is removable and there is possibilty of offspring; *facultative,* when brought about by voluntary sexual abstinence, or by practices which prevent conception; *congenital,* as in the infantile type of uterus, on the one hand, or as in epispadias, on the other (this type is rare in either sex); *acquired* sterility, which is precipitated as the result of pelvic inflammation in the female, or gonorrhea in the male. One special and important form of sterility in the female, known as comparative or one child sterility, in which a woman conceives promptly after marriage and then never does again. This form of sterility is much more commonly caused by gonococcus infection than is complete sterility. The investigations of Bumm and Stone go to show that the tendency is for gonococcus infection in the puerperium to pass upwards to the tubes and this causes sterility after one child has been born.

As to causes of sterility, a variety of etiological classifications have been suggested, as mechanical where there is obstructive derangement of the vas deferents from trauma, inflammation or new growth resulting in

azoospermia, generally a permanent condition, which is at once apparent when subjected to microscopic examination. Among the organic causes may be enumerated changes in the testicle from epididymitis, orchitis, hydrocele, variocele or nutritive changes which have resulted from excesses, chronic alcoholism, constitutional diseases, injury to nerve centers, more particularly the cerebellum, syphilis and gonorrhea. The destructive effects of the last mentioned cause are to be seen in the epididymis, vas deferens, seminal vesicles and prostate gland. Out of two hundred and forty-two cases of double epididymitis collected by Finger, two hundred and seven had resulted in azoospermia, while Kehrer found the same condition in 30.21 per cent. of ninety-six sterile marriages.

It might be of interest to devote a line or two to a hasty consideration of sterility arising from the practice of eunuchism, a practice which has existed from time out of mind in Eastern countries, its subjects being at times persons of distinction and authority. Little has been written upon the subject, but the reports of travelers and resident physicians inform us that those so treated in youth remain much as other boys till they reach puberty, when they begin to grow very rapidly. The lower extremities seem to develop more than the upper in much the same way that a capon's legs enlarge while the wings remain the same as those of the unaltered bird.

Syphilis of the testis and epididymis frequently result in sterility, which may be looked upon as a fortunate occurrence and an argument in favor of rendering sterile such unfit subjects, and thus ridding the race of defective offspring.

Noeggareth was the apostle of the new doctrine which rightly threw the responsibility for the chief cause of sterility upon venereal disease, especially the uncured, and often uncurable, gonorrhea. The number so affected, as seen by the following late statistics, is quite appalling. Ninety per cent. of the young men of our large cities are afflicted with venereal diseases. Sixty per cent. of the surgical cases in women can be traced to venereal diseases. Ninety-two per cent. of those afflicted with venereal diseases can be traced to our boys who go wrong, while eight per cent. can be traced to the girls who go wrong. The above data are sufficient to show the extreme importance of investigating the male in every case of sterility.

While sterility in the male is the cause of a fourth or more of all the cases of sterility, there is no definite means of ascertaining exactly in what proportion of cases the wife is at fault. The spermatozoa may be searched for and examined microscopically, but the female ovum is never found, and diagnosis of sterility in a woman must be based upon clinical findings, which are often inexact.

The problem of sterility in women is one that has not yet been solved by science. It is one of the oldest questions of a medical nature that has

invited serious, deliberate thought. That it has long been one of the comparative failures of gynecologists is probably due in many cases to the obscurity of its causes. The theories of its causes are so many and varied that a careful consideration of all would be impossible. We will, therefore, confine our mention to some of those which would seem to be of primal importance.

Listed among the chief causes of sterility are malformations, congenital and otherwise, of the uterus and upper part of the vagina, believing them to be responsible for two-thirds of all cases of sterility. Infantilism of the genitalia, due to arrested development, being the most common variety of deformity, which includes the infantile uterus with its conical cervix, and the constricted posterior vaginal fornix, so that the seminal fluid can not be retained, a necessary provision which was recognized even as far back as Aristotle. Infantilism of the uterus may occur when the external genitalia are fully developed and the subject robust. This condition is said to be much more frequent in the genitalia of women than of men.

The age at which a woman marries has a strong influence on the question of sterility. Matthew Duncan, in his investigation, found that 7 per cent. of all marriages between fifteen and nineteen years of age are without offspring; that marriages from twenty to twenty-four years, inclusive, are almost all fertile, and that after that age sterility gradually increases according to the greater age at the time of marriage.

The existing condition among the Turks is in a measure a seeming contradiction of the findings of Duncan, where it is a common condition that the young women become pregnant before their first menstruation, it being considered a disgrace to allow the contrary. Gache, in his report upon fertility in children, cites the youngest case to be a child of eight years, four at nine years, and thirteen others below twelve years of age, pregnancy occurring in all these cases before the menses had appeared.

A careful and considerate observation of the causes which produce conditions destructive to the life of the spermatozoa are found to be also unfavorable to the existence of the ovum. The application of these observations to practice has resulted in the satisfactory relief of sterility in a large per cent. of cases. Until of comparatively recent date the conception which prevailed was that there was but one form of sterility, arising from conditions of the cervical canal, as flexions, versions and stenosis, which were evidently commonest in biblical days, when we read, "the Lord closed all wombs." The theory and the application of the same to practice, that the majority of cases were produced by the existence within the genital tract of secretions which were so far pathologic as to cause the destruction of the spermatozoa, has resulted in success with this certain class of cases. From the time the spermatozoa are deposited in the vagina and the ovum is released from the follicle to the time of their

conjugation, their only relation to the woman who is their host is that they live in her secretions. It is obvious, then, that the secretions must be in such condition as is favorable to the existence of the sperm cell and ovum.

A few of the following interesting facts were gleaned from the Illinois Medical Journal of April, 1915, which states that the duration of life of the mature sperm cell, which is capable of producing normal pregnancy, which we may pause to state is from the vas or epididymis, never from the testicle, is variously estimated as lasting in the different secretions of the normal, healthy, human subject from a few minutes to as many days. Most of the sperms are motionless in the normal vagina in from a quarter to one hour. However, they are occasionally found actively motile as long as three hours after coitus. In the cervix the spermatozoa live and retain their motility for hours and they have been found alive in the cervical secretions as long as five days, while in the fundus and Fallopian tubes as long as eight days. From direct observations made by the aid of the microscope we learn that the sperm cell is immediately devitalized by very slight alterations in the chemical reaction, enzymotic properties and viscosity of the media which surrounds it. Purulent discharges contain strong proteolytic enzymes capable of killing and dissolving the spermatozoa.

In those cases of sterility arising from incompatibility concerning both sexes, it sometimes happens that two persons, each of whom has been or later becomes fertile with someone else, are sterile together. Here we cite as an example Napoleon. His first wife, the Empress Josephine, had had a son by her former husband, the Viconte de Beuharnais, but to Napoleon she was sterile, while Napoleon, though incapable of impregnating Josephine, had a son by his second wife, the Archduchess Marie Louise of Austria. As a probable explanation of such cases it is highly probable, but not yet proven experimentally, that the secretions of certain women possess normally agglutinative power to the spermatozoa of one individual and not to another, thus accounting for those cases of seeming incompatible sterility.

Another bar to fertility is persistent congestion in the upper genital tract. This manifests itself by an overabundant amount of secretion, which may be seen to be continually flowing from the uterus. Besides its altered chemical reaction it offers a bar to the rate of progress of the sperm cell. Observations have gone to prove that women whose cervical secretions are thick, inspissated and tenacious, and consequently in a state of mechanical stasis, are almost always, if not invariably, sterile.

Let us now hastily consider obstacles to the conjugation of the sperm cell with the ovum, as furnished by abnormal conditions of the tubes and ovaries caused by infections and inflammatory conditions. While these conditions are responsible for a certain percentage of sterility in women,

the proportion is not so large as older writers have thought. The gonococcus is probably responsible for a much larger percentage in the male than in the female, which statement is substantiated by Bumm's report that nearly one-fifth of the women delivered again and again in the maternity suffer from chronic gonorrhea. Chronic gonococcus infection of the uterine cavity is a rare pathological condition—the condition is often mistaken for gonococcus cervicitis. Women with apparent salpingitis are sterile, and, unfortunately, most of them are permanently so. There are cases in which the inflammatory condition in the tube is so slight as to cause no noticeable injury to health and thus escape detection by the ordinary methods of diagnosis, and yet the pathology existing in the tube is amply sufficient to cause sterility.

Gonorrheal infections, it is to be remembered, almost never fail to reach the tubes and almost invariably infect both tubes to a degree which produces recognizable tubal symptoms. The gonococcus is one of the few pathological bacteria which is not readily exterminated by an acid medium. Moreover, it travels by extension through the tissues of the mucous membrane. Tubes so affected are generally closed at one or both ends and distended with fluid. The existence of one such tube is commonly sufficient to cause sterility, even though the other tube be normal, as the secretions of one such tube through the uterus results in a uterine secretion which is sufficiently abnormal to be hostile to the spermatozoa. Even the mildest inflammations in the tubes are never found in coexistence with an entire normality of the corresponding ovary. It is generally to such a degree involved that it is readily palpable on physical examination. Even the minor enlargements of the ovaries, which have been neglected as unimportant to the patient, are of great importance in their relation to the cause of sterility.

Retrodisplacements of the fundus of the uterus, causing the cervix to point upwards, and, in addition, the altered relation of the tubes to the ovaries and often associated adhesions in the pelvis, are also responsible for many cases of sterility. Sterility arising from perineal lacerations is proven by the repair of the same, a fact recognized by women themselves in the oft-repeated expression of, "A baby, an operation and another baby."

Tumors of the uterus are important factors in causing sterility, and, while it is difficult to estimate the percentage of sterility caused by fibroid tumors, they offer a certain obstruction to conception. It is not great if the tumor be small and of the subserous type. Submucous tumors give by far the worst prognosis as to conception, while the interstitial type bears an intermediate position. Cervical fibroids permit pregnancy more often than those of the body of the uterus. If pregnancy does occur in such affected organs the liability to abortion is increased.

Among the systemic diseases having an antagonistic action in fertility are to be mentioned first, diseases of the glands of internal secretions,

chief among which is the thyroid gland. It seems to have an action antagonistic to the ovary, pregnancy being uncommon in goiter; especially is it true of the exophthalmic type—the more advanced the condition, the less likely is it to occur. Wasting diseases, as the anemias. typhoid, diabetes, obesity and syphilis in the tertiary stage, are strong causative factors in the prevention of conception. Habitues of certain drugs, those of the nature of poisons, chief among which are opium and its derivatives, deserve a brief mention in the causative list. Alcohol, if indulged in excessively, may deserve mention, from the increase of obesity from its use, although the research of Mayer showed that of four hundred and two families, eighty-one hard drinkers were more fruitful than the rest.

Certain occupations, as tobacco workers, handlers of dynamite and exposure to Roentgen rays, seem to be conducive to sterility. Prostitutes, members of what Kipling calls the oldest profession in the world, are usually sterile, a condition due most often to inflammatory conditions of the tubes.

The compiler of this paper begs to state that indebtedness for the greater portion thereof is due to the following: New York Medical Journal, 1911; Cyclopedia of Obstetrics and Gynecology, Volume 11; Illinois Medical Journal, 1915; New York State Medical Journal, 1914; Journal of American Medical Association, 1913; Medical Gynecology, Kelly; Keene's Surgery, Volumes 1 and 2.

PULSATILLA IN INEFFICIENT LABOR.

Herbert T. Webster, M.D., Oakland, Cal.

Like most Eclectic remedies, pulsatilla has an ancient history. Before Hahnemann, even though his followers claim it as a Homeopathic remedy, it was made prominent through its specific influence on the eyes by Baron Störck. We will not, then, do ourselves proud by proclaiming ourselves its discoverer, or even by claiming any new uses for it. This remains for our posterity, if new application should ever be found. However, it might be profitable to look over our present application of it to disease, and ask ourselves if we are taking advantage of what the past has afforded us in improving all the valuable uses to which it may be put.

In a copy of the United States Dispensatory, bearing date of 1888, I find the following testimony as to its therapeutic value—a fitting commentary on old school opinion of new school therapeutics. Of course, it was written twenty-seven years ago, and there has been some awakening since, though not among the majority of teachers in old school colleges. But to quote: "We have no actual knowledge as to the action of this new officinal. It has been employed in Germany and other parts of Europe, especially by Homeopathic practitioners, by whom the drug is much used for the relief of amenorrhea and dysmenorrhea, and for other purposes.

Given in infinitesimal amounts, with due ceremony as to dilution, tumblers and spoons, to credulous, hysterical women, it may sometimes be of service; but whether it has any application is very doubtful." No wonder that with such text-books the Allopathic branch is full of doubting Thomases.

The last edition of the American Dispensatory contains a very lengthy description of the therapeutic uses of pulsatilla, but omits its important application as a *partus accelerator.* Few of our writers on the remedy refer to this. It seems to have been overlooked, and yet I believe this is one of its most important functions.

As a safe and reliable remedy when the pains are inefficient and distressing, I have never found any other remedy so satisfactory as pulsatilla. Conditions are almost invariably changed for the better before the second dose is administered. At least, a few small doses, administered from fifteen minutes to half an hour apart, alter the labor favorably within a reasonable time. I can not indorse all that some Homeopathic authors claim for it in parturition, but perhaps I have not given it credit for all it is able to accomplish.

A little review of two leading authorities in that school may not be amiss here, for we all have something still to learn, and even an old acquaintance may possess some new charm. I am glad to appropriate anything good, whether it emanate from Homeopathy or from an ancient grandmother. Regarding the action of pulsatilla in labor, Kent, one of the comparatively late prominent authors, remarks: "Shivering in the first stage of labor. Hysterical manifestations through labor. Pains have all ceased or are irregular, so that they do no good. No dilatation has taken place. But when the pains come on we have some important symptoms. A pain comes on and it seems to be about to finish satisfactorily; it has been regular and prolonged until about two-thirds through, and all at once she screams out and grasps her hip—the pain has left the uterus and gone to the hip, causing a cramp in the hip, and she has to be rubbed and turned over. This medicine will regulate the pains, and when the next pain comes it will hold on to the very end. So impressionable is this woman during confinement that if she is subjected to any emotion, such as having an emotional story told in the room, or if anything excitable occurs, the pain will stop. If she has passed through labor and the lochia has been established, from such a cause the lochia will stop, as if she has taken cold, and she will have cramps and troublesome after-pains, the milk will be suppressed, she will feel sore and bruised all over, and have fever."

I have frequently been called to labor that has been in progress for eight or ten hours and made a preliminary examination, expecting from the report of the nurse to find labor well advanced, to be surprised in finding hardly any dilatation at all. Another surprise has followed when, after administering pulsatilla, dilatation has gone on rapidly, labor ter-

minating speedily and satisfactorily. In such cases pulsatilla undoubtedly favors relaxation of the os. It may not do this by acting as an antispasmodic, like lobelia or gelsemium, or jaborandi, but by correcting an improper distribution of the nervous impulse, which has acted to retard matters.

The excruciating, inefficient pains which sometimes usher in and continue through the first stage, seem to be speedily improved by the action of pulsatilla. Like macrotys, its action is invariably harmless, even if ineffective, so one does not go very much wrong if disappointed in its remedial action.

Some of the Homeopathic claims for the remedy seem to be rather extravagant, but even here I do not care to pose as too severe a critic. What I know about therapeutics I know, but I realize that there are many things I do not know, and find that I can learn something almost every day. That pulsatilla is capable of turning a child during labor seems like endowing it with an intelligence. I believe in specific affinity in therapeutics, but not in intelligence, so far as the action of a remedy is concerned. However, there are Homeopaths who assert that such is the capability of this remedy. The following from Hughes illustrates as well as affords some really useful hints as to the action of pulsatilla in other respects: "It presides in a most beneficial manner over the function of parturition. Given daily for a month or so previously, it greatly facilitates the process in women whose labors are tedious and difficult. In labor itself, when the pains are irregular, tardy and defective, yet ergot is hardly called for, pulsatilla will often do good service, as also when from the same cause the placenta is unduly retained. There are several cases recorded which leave little doubt but that in false presentations pulsatilla favors spontaneous version. You may smile at this property I have ascribed to this remedy, but you must remember that in these cases spontaneous version is not so uncommon an occurrence, which shows that nature has means of effecting the change, and may well be helped thereto by an appropriate drug stimulus. The evidence that pulsatilla does render such aid comes from several practitioners, both in France and in America. And if you suggest that the cures they report may have been instances of spontaneous version of which I have spoken, I will adduce the testimony of Dr. Mercy Jackson, of Boston. In a communication made by this experienced lady to the American Institute of Homeopathy in 1875, she relates fifteen successive cases of false presentation, being all that had occurred in her practice from a certain time onwards. In every case she administered pulsatilla, and in every one the body underwent rotation and the head came to the fore. It is beyond all probability that these fifteen cases should have been a series of coincidences." With all due respect for Dr. Hughes and Dr. Mercy Jackson, now, I believe, deceased, we have it to remember that in her writings she asserts that she has felt a procidentia

uteri rise into the pelvis so rapidly after taking sepia that its movement was plainly felt, as if raised by a power within the pelvis, and must accredit her with a remarkable imagination.

Still, after all is said and done, those who give pulsatilla a fair and impartial trial in parturition will hardly be disappointed in its favorable action wherever it is possible for a parturient to accomplish therapeutic effect.

I add twenty or thirty drops of the specific medicine to four ounces of water and order a teaspoonful every fifteen minutes, twice, then every half hour or hour, as circumstances demand.

DISCUSSION.

Dr. H. C. Smith (Glendale): In regard to pulsatilla in labor, I use it considerably and it has a specific application there, as do lobelia, gelsemium and macrotys. In our discussion of the "Twilight Sleep" yesterday, I did not mention that we must insist that we use our specific remedies according to specific indications, especially those that relieve irritability of the nervous system, and in nine cases out of ten we will not need "Twilight Sleep." It is in the first stages that these remedies are usually indicated. We have had sufficient study of this matter to prove that the effect is on the sensory side of the nervous system and on the sympathetic nervous system; therefore, the labor that is retarded by hypersensibility of the nervous system will be relieved by pulsatilla and the labor will go on unretarded.

Dr. F. M. Chandler: One other condition that has not been mentioned, where we are called a case and the woman is having some pain, irregular and inefficient in character, and there is question whether the uterus is trying to get busy or whether they are false pains, one or two doses of two or three drops each, which I usually combine with macrotys, will settle the thing in a very short time.

Dr. E. G. Sharpe: I want to emphasize what Dr. Smith has said about pulsatilla as an accelerant of labor, but I have found it does not work the same in all cases, and we must select our cases as to the characteristic indications for the remedy. The patient that shows symptoms of lack of confidence, fear, etc., a dose of pulsatilla seems to benefit, and it answers the purpose as no other remedy will do.

Dr. Webster (closing): I am very much pleased to accept the comments that have been offered. They should have been in my paper.

ADAPTATION OF LIFE TO ENVIRONMENT.

J. A. Munk, M.D., Los Angeles, Cal.

Man was made for the earth and not the earth for man. The greater must include the lesser and the process can not be successfully reversed. The earth was made long before man appeared, who was then created to fit his environment upon the earth.

The earth is only an atom in space, which is the most stupendous and staggering fact in nature. Space is something so vast that it is incomprehensible to the finite mind, and, like eternity, is without beginning or end.

As potent and versatile a force as we know electricity to be, it is no stretch of the imagination to say that it is existent and active throughout the universe and is the one agent that furnishes the heat, light and power of the revolving worlds in space. Gravity is also a form of electric energy (electro-magnetism), which attracts all objects within a given radius toward a common center, and balances the stars and keeps them in place.

The earth makes one complete revolution on its axis every twenty-four hours, which would make it seem as if we stood upon our feet one-half of the time and on our heads the other half; but we are not conscious of any change, because of the influence of gravity, which holds us in our proper relation to the earth. There is really no up or down upon the earth, as it is not flat, but round, and is changing its position continually, so that the perpendicular affects only the individual object in relation to its immediate surroundings. If we were consciously affected by the change of position, we would actually have the sensation of a man standing on his head, that would cause serious disturbance of the vital functions and soon produce death. Nature, however, has wisely provided for this action, not to have it produce any unpleasant or injurious effects; and has harmoniously adapted every living thing to its own environment and for a useful existence. Whenever nature's plans are interrupted and a cataclysm does occur, it is merely an incident in the cosmic scheme. Nature quickly heals the breach and continues on in her regular course, as if nothing had happened.

The endless variety of life that is found upon the earth is startling and something wonderful to contemplate. All life is of the same essence, but is manifested in a great variety of different forms. Of the principle of life, per se, we know absolutely nothing. During all the ages of the past it has eluded discovery and, judging the future by the past, it never will be found out. Life is the deep secret of nature that is not for man to know, and both its coming in and going out is equally obscure and mysterious.

Every day we meet in the open many kinds of life, but seeing them often makes them familiar and common, and they fail to impress us. Only the unusual and rare things of life attract our attention and we are forever hunting something new and curious. We might find the common things in nature just as wonderful as are the rare, if we would only stop and think. The smallest form of infinitesimal life is just as perfect in its organism and action as is man, the highest type of terrestrial life.

The reason of our not understanding animals any better than we do is because of our ignorance, and we might think more kindly of them if we knew them better. The inferior animals, as we are pleased to call them, are just as wonderful as man and are even his superiors in some respects, since they know and can do things that he does not know and can not

do. It would at least be nothing more than fair to give to animals such credits as they deserve, instead of denying them everything, as is generally being done. There are manifold intelligences just as there are many forms of life, and each kind is sufficient unto itself. All animals live in a little world of their own, which they know and understand best. They have a language, or at least some means of communication with each other, even though man does not understand them. Man often assumes wisdom that he does not possess and says by his actions, if not in words, that what he does not know is not worth knowing. There are many things in life about which we may believe much and yet can know very little; and because of our lack of knowledge we often err grievously in judgment. If we only knew what the other creatures thought of us, we might not feel flattered by their opinion. Such an estimate would be turning the table upon ourselves, by putting the hunter in place of the hunted, which is something quite different. We want some kind of an excuse to hide our ignorance and grudgingly give to animals credit for possessing instinct, but deny that they have any intelligence or reason. They have our five senses and many of the mental faculties are alike common to man and beast—such as love, hate, fear, joy, anger, jealousy, imitation, memory—yes and sometimes, even reason. An animal can be taught like a child in many things and shows by its actions what it thinks of the treatment it receives. In recent years there has been a closer study of animal nature and a change for the better, showing a growing sentiment in their favor.

In the beginning the earth was entirely covered with water and enshrouded in darkness by thick clouds of vapor that hung in the sky. After long ages and many changes, during which time the earth cooled sufficiently to admit of life, life appeared, first in the water and afterwards upon the dry land. It took countless ages to fit the earth for the habitation of living things, but just as soon as the conditions were right, life sprang into being. All life has its origin in water and is, therefore, water born. Oxygen is necessary to animal existence and is obtained either from air or water. Man is no exception to the rule and though he has reached a high state of development, even yet he clearly shows his origin by living exclusively in water during nine months of fetal life.

Not all animals are suited to the same environment, but often live under diverse or opposite conditions. In the case of fish, some live wholly in salt water, while others live in fresh water; and to change from one to the other means death to either. However, there are exceptions, when salt water fish make brief excursions into fresh water without harm, as is true of the salmon during the spawning season. Life can only live and flourish in the environment to which it is naturally adapted.

Amphibious animals, like the frog, live both in the water and on land. While the frog remains a tadpole it functionates as a fish, but soon changes into a land-going animal. It loses its tail by absorption and develops legs

instead of fins; and is able to creep and hop. The gills which extracted oxygen from the water, are replaced by real lungs that breathe and take oxygen from the air. Many marvelous changes occur in nature that seem like miracles, because they are new and we do not understand them.

Deep sea dredging has brought to light much new and curious life. The abysmal depth of the sea is pitch dark and almost cold enough to freeze ice, which is due to the flow of cold water from the Arctic Ocean to the Equator. It was thought, for a long time, that in this dark and cold underworld no life could exist, but investigation has found it teeming with interesting life. Many kinds of fish, of strange forms and bright colors move about through the water in perfect comfort. The weight of ocean water at a depth of 2,500 fathoms is two and a half tons to the square inch and increases with depth. An ordinary fish would be crushed by this heavy weight, but the absymal fish is so organized that it receives no injury. The tissues are soft and porous and freely permeated by water, so that the animal is practically a part of the water which surrounds it. However, when one of these fish rises out of its natural zone, it loses its self-control and shoots rapidly upwards to its death. The reduced pressure liberates a gas that fills the tissues and causes the fish to swell up and explode. They are mostly without eyes and blind, but have a fine touch and feel their way automatically. Some of them, also, are endowed with an auto-lighting apparatus of specialized organs, that produces a luminescence, which serves the purpose of eyes and enables them to find their way and take their prey.

It appears to be just as dangerous for shore fish to descend into great depths as it is for a deep water fish to rise to the surface. Each variety of fish is adapted to its own sphere of activity and can not change its habitat with impunity; which is likewise true of all animals. When a whale fills its lungs with air and "sounds," its body is subjected to a considerable increase of pressure that is borne mostly by the ribs, but becomes dangerous only when the animal dives deep enough. Several such broken and repaired bones have been found in skeletal remains, which show that denizens of the briny deep, like land animals, are sometimes the victims of serious accidents.

The atmosphere is much lighter than water and exerts a pressure of fifteen pounds to the square inch at sea level and diminishes with altitude. An adult man supports between twelve and fourteen tons of air as he moves about upon the earth, but without feeling any sense of inconvenience. The atmosphere is his natural element and necessary to his existence. Atmospheric pressure exerts an important influence on life, as it helps to regulate the vital functions. Its effect upon the human body is similar to the action of the governor on the steam engine, or the pendulum on the clock; and when such control is lost the machinery runs wild and rapidly wears out, or suddenly goes to smash. Under reduced atmospheric pres-

sure the action of all the vital organs is increased; the heart becomes excited, pulse rapid, and the respirations more frequent. Atmospheric pressure is an important factor in climatology and can be used with benefit, either as a stimulant or sedative. At sea level it is a sedative, but altitude makes it a stimulant. As a rule, any patient who is afflicted with organic disease should stay near sea level and not venture into a high altitude, as death might be the result. Formerly it was inferred that the rapid breathing caused by mountain climbing was due to an insufficiency of oxygen in the air, but later it was discovered that the lack of oxygen was not in a deficiency of oxygen in the air, as it is proven that the same proportion of oxygen is present everywhere; but under the diminished pressure of a high altitude the lungs fail to absorb the required amount of oxygen to supply the physiological need. After some time has elapsed and the lungs have become accustomed to the change, they are again able to take up the normal quantity of oxygen, and even more, with the result of an increased amount of hemoglobin and red corpuscles in the blood. Observation and experience both teach that when any decided change is made in altitude or environment, it should be gradual, in order to avoid any serious disturbance of the vital functions. A real advantage may be gained by a change in climate or environment, if made judiciously, but it has its limits and must not be carried to extreme.

The whole trend of civilization is to alter primal conditions and change the natural into the artificial, which is not always an advantage. The tendency of civilization is to create congestion and excitement, by crowding the people into cities, which is an artificial and unwholesome existence that is destructive of the integrity of the human race. Back to nature! Back to the land! is the despairing cry of humanity, that should be heeded and obeyed. Artificiality may seem good on the surface, but has no depth and is deceiving and false. Excessive development in any direction produces hypertrophy, an unnatural and dangerous condition that, under the natural law of reaction, is sure to rebound and end in ruin and death.

Nature is able to do things on her own account and needs no assistance. She works by a plan of evolution that builds upon a sure foundation from the bottom. Man's puny efforts may obstruct, retard or change her course, but can not stop her. He is ever striving to improve on nature, but is only wise in his own conceit, and every attempt that he makes to do the impossible can only result in failure. He may be able to influence her mildly, under favorable circumstances, but not to the extent that is sometimes imagined. With all of his ingenuity and striving, he can not equal or supersede nature. The truest thing in the universe is nature; but if nature is not true, there is no truth.

The colossal egotism of man is astounding. He is full of conceit and puffed up with self-esteem. He seems to think that the world was made exclusively for his own use and benefit, and that his intelligence is the

sum total of all knowledge. He imagines vain things and strives continually after the unattainable. Civilized man takes great credit unto himself because of his diversified accomplishments and vaunted progress and forgets nature. But of all his works there is nothing permanent; changes occur continually, as nations rise and fall. Man goes marching up and down the earth, ripping up the ground, felling forests, leveling mountains and filling up the valleys in his conquest of the earth, and destroys everything that he touches. He makes a plaything of life, as if it were a toy, and kills or tortures every living thing that crosses his path. The savagery, brutality and vandalism of the present European war is without a parallel in the history of the world, yet some of the belligerents claim that it is being conducted in the name of civilization, science and culture. Compared to such wanton destruction, primitive life was a paradise and aboriginal man an angel. By the record, man's last estate is worse than the first and what it will yet be, who can tell? Life does not depend upon man's assistance, and indeed flourishes best without his help, or the aid of eugenics and wealth that are being used to make over the world into a Utopia; as life existed before any of these things ever were, and never has been, nor ever will be dependent upon them. In the last analysis, life was from the beginning and by immutable laws works out its own destiny.

True greatness in man is inherent and natural, which fact is not always recognized nor appreciated by the average mortal. All great men have come from humble sources and were self-made. Nature's plan of creation and growth is so profound, complex and mysterious that it is beyond the power of man to know or understand; but in every emergency or crisis of life the right man is always found to take command.

"I passed a stagnant marsh that lay
Beneath a reeking scum of green;
A loathsome puddle by the way,
No sorrier pool was ever seen.
I thought, how lost to all things pure
And white those foul depths be.
Next day from out that pond obscure,
Two queenly lilies laughed at me.

"I passed a hovel round whose door
The signs of penury were strewn.
I saw the grimed and littered floor,
The walls of logs from tree trunks hewn.
I said, 'The gates of life are shut
To all within that wretched pen;'
But, lo! from out that lowly hut,
Came one who ruled the world of men."

PLACENTA PREVIA.

O. C. Welbourn, M.D., Los Angeles, Cal.

Normally the placenta is attached to the fundus and posterior surface of the body of the uterus. Occasionally it is attached at the margin of the internal os and rarely this orifice is completely occluded. The terms desigating each condition are respectively marginal and complete placenta previa. With the placenta located in this position the normal development of the uterus is impossible and premature delivery usually occurs. As soon as the cervix begins to relax, separation takes place between the uterine surface about the internal os and any part of the placenta attached thereto, causing a hemorrhage. Should the attachment of the placenta be marginal the hemorrhage appears later in gestation and it is not so profuse as it is in the central variety.

The diagnosis is made by the sudden appearance of a uterine hemorrhage in the later months of gestation, and by inserting the index finger into the cervical canal and palpating the placental tissue instead of the presenting part of the fetus.

The treatment is difficult and the mortality is high, both fetal and maternal. The immediate danger is hemorrhage, but it must be kept in mind constantly that the mother is readily infected. If possible she should be placed in a good hospital. When the placental attachment is marginal she may go to full term, but if necessary, labor can be induced at any time by rupturing the membranes. Should the hemorrhage be excessive during the first stage of labor it is necessary to deliver at once. The os may be dilated manually by the aid of rubber bags or by means of instruments. Personally I prefer the Bozzi dilator. The laceration is no greater than by other means and the dilatation may be completed quickly, if necessary. After a satisfactory dilatation has been secured delivery may be affected by version or the use of the long forceps. The delivery of the entire placenta completes the operation unless there be hemorrhage from cervical laceration. One or two catgut sutures are usually sufficient to control such hemorrhage, though it may be necessary to ligate the circular artery on each side.

Should the attachment of the placenta be central the operation is much the same though the dangers are multiplied. It is necessary to bore through the placenta instead of passing around it and the hemorrhage is frightful. The operation should not be begun until everything is in readiness, and then it should be carried forward with the utmost dispatch. "He who hesitates is lost."

On the other hand, an abdominal Cæsarian section may be done. In fact, under proper conditions it is much the safer method. The requirements are a good hospital, skilled help and a surgeon who is familiar with abdominal work. The incision is made through a rectus muscle, usually the right. Locate the placenta by palpation, so as to avoid it when incising

the uterus. Probably the incision will be in the anterior wall near the fundus. Deliver the child, tie the cord, deliver the placenta, close the uterine incision with interrupted chromicised catgut, buried by a continuous Lembert suture of the same material; clean up the abdominal cavity avoiding unnecessary manipulation. Close the abdominal incision and the operation is completed. If a vaginal douche is to be given as a routine measure absolute sepsis is essential, as the patient is very readily infected.

PLACENTA PREVIA.

C. M. Chandler, M.D., Salt Lake City, Utah.

That the placenta may be found over the os uteri, was known since Hippocrates time, but was believed to have prolapsed from its normal fundal insertion. To-day we know that it may attach itself to any portion of the uterus, the most common site being the posterior wall, next the anterior wall, then the sides, and then the lower uterine segment; the fundal insertion being the most rare.

Placenta previa is the development of the placenta in part or wholly within the zone of uterine dilatation, and it is said to occur ten times more frequently in multiparæ than in primiparæ, and in general, once in a thousand cases, although figures by different authors vary greatly. Low insertion increases with multiparity and age. Central placenta previa occurs in less than one-fifth of the cases.

Predisposing cases are chronic endometritis, subinvolution and multiparity. It is not known except theoretically, how the placenta grows over the internal os, and this question has given rise to much discussion.

Hemorrhage is the first and most constant symptom, occurring in the last three months of pregnancy, the origin of the hemorrhage being from both the placenta and the placental site. In central insertion of the placenta the bleeding occurs earlier than in the other varieties, but exceptions are noted. In my own practice one such case went to full term with no loss of blood, as have a number of marginal cases, including a twin pregnancy with two placenta. When the implantation is central the pains are weak and are therefore unfavorable.

Placenta previa affects the course of pregnancy and premature labor is common, post-partum hemorrhage frequent. During the puerperium the patient requires careful watching; bits of placenta may remain adherent and become infected, or coagula clinging to the cervical walls may decompose, and the close proximity of the placental site to the septic vagina may give rise to a general infection.

Placenta previa statistics show a mortality of from five to nineteen per cent., and forty-eight to fifty-five per cent. for the mothers and children respectively.

Diagnosis: A painless, causeless hemorrhage or hemorrhages in the last three months of pregnancy will enable us to diagnose placenta previa,

but should be verified by a vaginal examination, made under strictly aseptic conditions and with the utmost gentleness to avoid further separating or tearing the placenta.

The patient should, when possible, be removed to a maternity hospital, where conveniences and trained assistance may be had. If there be as much as two fingers dilatation the membranes should be ruptured and the conical rubber dilating bag inserted, care being taken to place it upon and not under the placenta. It may then be filled with a 5 per cent. lysol solution with a bulb syringe, and light traction applied to the tube of the bag. The resulting pressure controls the hemorrhage and stimulates regular and increasing strength of pains, forcing the head downward, and its pressure takes the place of the dilating bag. If the head should not descend, version should be done, and a foot be brought down, thus plugging the os with the child's body, and the labor be permitted to progress without assistance until the lower uterine segment be fully dilated, efforts to hasten the delivery being liable to lacerate the cervix, producing serious or fatal hemorrhage.

If the patient be a primipara and the os closed or nearly so, or if the placenta completely cover the os, Cesarean section should be performed. This latter course is advocated for all cases by some, but is not recommended by many of our foremost obstetricians.

In connection with this paper I would like to report an odd case of placenta previa which occurred in my practice:

A lady, the mother of four children, telephoned me about 2:00 A.M. that she was in labor and I was at her bedside a half hour later. She was blanched, pulse weak and rapid, complained of great and continuous pressure through the abdomen, said that after telephoning me she had fainted. There was no visible evidence of hemorrhage, and I was at a loss to account for her condition. A digital examination showed about two fingers dilation of the os, and because of her distress I assisted in the completion of the dilatation and ruptured the membranes, with but slight relief of the pressure symptoms. Labor, however, advanced rapidly, and soon a well-developed child was delivered dead, although the mother had distinctly felt movement after telephoning me. While awaiting uterine contractions I did artificial respiration on the child, without avail. Within a few moments the placenta and two large clots of blood, coagulated evidently under pressure, were expelled. It was evident that there had been a placenta previa lateralis, the uterine contractions loosening the placental attachments, had permitted the hemorrhage behind the placenta before the rupture of the membranes. Fearing more loss of blood the fundus of the uterus was held firmly in the hand, in spite of which, a few moments later and without relaxation of the uterine body, the flood gates opened wide, which left the woman almost in a state of collapse. Normal salt solution was given subcutaneously and by bowel, with good results. The patient

made a complete recovery and has had a normal pregnancy and labor since that time.

CERVICAL STENOSIS OR PAINFUL MENSTRUATION.—ITS ELECTRICAL TREATMENT.

A. S. Tuchler, M.D., San Francisco, Cal.

This painful monthly function contributes largely to the surgeon's income, since a surgical operation is the one usually resorted to for its relief. But to the doctor who is versed in electro-therapeutic practice it is an easy matter to correct this painful function without any surgical operation. In these cases the cervix is usually tightly closed, especially so in the internal portion of the cervical canal. The tissues at this point are usually hard and of a callous nature. In consequence of this long-continued painful monthly function, the uterus becomes enlarged and congested. Eventually the ovaries will also become in the same pathological state. When this condition of affairs is long continued, adhesions will take place in consequence, and, therefore, the pains will become greater. Of course, when this state is reached, then surgery offers the only relief. But all this extreme condition can be prevented and the sufferer easily cured by the use of the direct galvanic current, using the negative electrode in the cervix. This will soften the hard constriction, when the electrode will then easily pass through.

To illustrate its application, I wish to call attention to the following case of a young married lady of good family history. She was nervous and fretful, and complained of constant headache, backache and severe pains at her menstrual periods. However, her appetite was good and bowels regular.

She was anxious for offspring and therefore implored for assistance. The cervix was found to be unusually elongated with a pin-hole opening. The uterus and ovaries were somewhat tender and congested, but free from adhesions. An electrode, the size of a fine darning needle, was attached to the negative post of the battery by a cord and inserted into the opening of the canal, while the large positive pad was placed on the abdomen. A current of five milliamperes was given for twenty minutes, which caused the electrode to pass into the uterine cavity. This treatment was repeated on each alternate day, and a larger sized electrode used each time until the canal was of the natural diameter. She now missed her monthly pains and aches, headache and nervousness were gone and, in due course of time, the family was blessed with offspring. This occurred at such frequent intervals that the lady wished to have the opening in her cervix closed up again.

Another case of a young unmarried lady wished relief from her monthly painful periods. Examination disclosed a stenosed cervix, the uterus retroflexed, fixed and immovable, owing to extensive adhesions.

The ovaries were congested and tender. Informed the lady that nothing but a surgical operation would do for her. She, however, wished me to try the electrical method of treatment, saying that I had cured several of her friends from this trouble by it. Her wishes were complied with, with the understanding that if the treatments would not help, that she would then be willing to submit to the surgical operation. In this case, owing to the extensive adhesions in the pelvic cavity, electrolysis is out of the question, as it will only stir up a hornet's nest, so to say. The lady was thoroughly convinced of the fact in a short time.

DISCUSSION.

Dr. E. G. Sharpe: I believe Dr. Tuchler deals with a class of cases that every physician comes in contact with frequently. It is a class of cases that is very trying, and as many physicians either are not prepared or have not made a special study of electro-therapeutics, I think this paper is deserving of special mention. A number of years ago I began dealing with this class of cases non-surgically. As we all know, they come and we prescribe for them and sometimes we get satisfactory results; but a great many that drift into my hands are not amenable to medical treatment. We find young women dreading the menstrual epoch and sometimes confined to bed for several days, due to partial closure of the cervix. About twelve years ago I had occasion to begin treating along the line that Dr. Tuchler has called attention to, by using an electrode, using the negative current, using a small quantity of current, and using a positive current over an indifferent point, and the results were to me most surprising. I have in mind a number of cases which I had treated medically that about every twenty-eight days there would be two or three days at a time when the patient suffered so that I had to administer morphine. The stenosis prevents the menstrual discharge and brings on a condition simulating labor, and the patient endures the agonies of labor until nature's efforts produce a dilatation of the cervix that permits the menstrual discharge to pass out. In this class of cases my line of treatment has been very much along the line pursued by Dr. Tuchler, except that I usually like to administer the first two treatments as early as I can, a few days preceding the menstrual epoch. Say the patient's time to be sick is the 17th of the month, I give one treatment about the fifth or sixth day before the menstrual period, and another two or three days before. In cases where I have failed absolutely to effect a cure by medicine, I found by using electrical treatment in this way I have good results. I usually use three or four electrodes, using one that will gradually introduce without too much pain for probably three or four minutes of direct current, using a large pad electrode over an indifferent point two or three minutes, then take a size larger electrode, letting the treatment extend over from fifteen to twenty-five minutes. I have seen these cases of cervical stenosis clear up until the patient would not dread the menstrual period at all, and as the doctor has suggested many of the cases of sterility in women will be relieved by the opening up of the cervix in that way.

Dr. A. S. Tuchler (closing): My object in bringing this paper before you was in view of the fact that we meet these cases so often. They pester the physicians to know what to do, and as medical means do not seem to reach these cases at all, those who are not familiar with the electrical treatment will be surprised at the results. I realized when I first started in medicine that we could not do a thing with these cases with medicine,

and the galvanic method being called to my attention I have applied it very successfully. In cases where you have extensive adhesions you must be very careful to see that the adhesions are taken care of first; if you do not you will simply aggravate your case by galvanic treatment and will produce the necessity of surgical interference. I am speaking now of chronic cases, not the acute cases. The chronic stenoses will lead to adhesions, and the pain at the time of the monthly period is in proportion to the adhesions present. Still you will have pain all the time whether you have adhesions or not. But do be careful to eliminate the adhesions before you use electrical treatment, otherwise you will be blamed for causing surgical interference. Sometimes where the cervix is very hard and caloused I find to use a sea tangle tent sterilized and dipped in oil and inserted in the cervix and left until the next morning, will soften the hard tissue. I have seen cases where the cervix was so hard that after electrical treatment it would close right up again.

TRUST A WOMAN.

C. E. Laws, M.D., Ft. Smith, Ark.

While I was an interne in Cook County Hospital, a young woman we called Mary was admitted to the obstetric ward and assigned to my service. One day, a week or so later, I was stopped in the hall by a middle-aged Irish woman who, from her immense proportions, I supposed to be a candidate for the same ward. The stranger asked if I was Mary's doctor, and in the dialect of one fresh from the Emerald Isle, introduced herself as Mrs. Mack, who lived over near the stock yards, saying that she wanted to adopt Mary's baby when it was born and that Mary was "willin." Now, I know of no man or set of men who do or say more nearly what they please than the internes of the aforesaid institution. In keeping therewith I surveyed her with a little more scrutiny and replied that from her appearance it would only be a short time until she had one of her own. Her answer came quick as a flash, "Ay don't you pay anny attintion to thot, thims awnly peelows I'm a wearin on the froont of me to fool me hoosbint wit," at the same time taking a punch at one of the lower corners that came out into a point and proceeded to round up and press into shape her pendulous abdomen of feathers. In amazement and amusement, I began, "Do you mean to say—" but she evidently guesssed the rest and hastened on, "Ye see, me hoosbint is a good mon, and happy he was to think we had a little one a comin. And when I lost it at three months I never cood tell him the truth." I had recovered enough to venture, "But how" when she cut me off, "Noo can't ye troost a woman fer thot? Plinty of hospitals there be arooned here that will do me the favor of a room for a week whin I've got the price. Can't ye meck arrangements with the wartin fer the child and get a nurse-laidy to bring it over to me? I'll give ye me hoosbint's tilephone noomber and glad he will be to get an invitation from ye to coom over and have a look at his awn bebby." I hesitated, thinking, for it was impossible to get my brain to work as fast as that woman's tongue while she unfolded her plan. And before I could utter a word she

was asking, "And what will ye charge to deliver me? Twinty-five dollars? Aw I'm goin to pay ye for ye trooble alright, dont' worry about thot, and here's fifteen of it noo. Will ye do ut?"

The sight of the greenback helped me to think. Twenty-five dollars, when dollars were cartwheels, and twenty-five of them. Would I do it, why I would have sold her the hospital for the sum. But before I knew it she was disappearing down the hall, and as I closed my hand over those three five dollar bills I began to see in her case a degree of merit.

Many times after that I had occasion to laugh at those distorted pillows. Too high or too low, and sometimes as square as a checker-board. Never questioned by the casually observing, even though they be nurses and doctors who continually passed her in the corridors. But I never saw them when they did not need "beating up."

Her program went through without a hitch. Mrs. Mack knew before I, and gave her the information that Mary was "sick." I 'phoned the old Irishman to come ver to a nearby hospital and see his fine boy. And I want to say that I never saw a happier father in all the days of my practice. Just two of us knew the truth, and Mr. Mack doesn't know to this day that that baby is not of his own flesh and blood unless she told him, and in her own words, "Ye can throost a woman for that."

SPERMATORRHEA—LOST MANHOOD—SEXUAL NEURASTHENIA.

J. C. Mitchell, M.D., Louisville, Ky.

In considering the subject of spermatorrhea, these other correlated diseases or conditions, such as "lost manhood," "sexual neurasthenia," "sexual worry" and "hypochondriasis," may be advantageously covered at the same time, as they are so closely associated. It is difficult to determine which is cause and which effect.

This condition may result from indulgence in masturbation, an uncured case of gonorrhea or sexual excesses, either within or without matrimony. It seems perfectly reasonable to suppose that nature should hold man and wife strictly accountable for their pleasure, even though they are "joined in the holy bonds of matrimony."

The symptoms of this disorder cover a wide range. The most important from the patient's viewpoint is the loss of semen, either by nocturnal pollutions before, during or after urination or straining at stool, or other muscular effort or sexual excitement. He considers any whitish, sticky discharge from the urethra "semen."

The other symptoms are as multitudinous as the imagination is prolific. An experience with one case will thoroughly convince the most skeptical of the truth of this statement. The unfortunate individuals are never tired of recounting their interminable list of symptoms. He is much grieved if his physician does not pay close attention to his recital at each call a few

on fornication, irregular spasmodic contraction of fine bundles of muscular fibres in different parts of the body, wandering mind, fear of some impending disaster, etc., ad nauseam.

Prognosis is usually favorable. If they do not fall into the hands of a sensible physician, their own common sense will, after a longer or shorter time, assert itself and convince them their trouble is mostly imagination.

The treatment of these cases is tedious and unsatisfactory. The patient has usually been the rounds of the physicians, patent medicines, "lost manhood" quacks and the counter prescribing druggists.

The treatment may be divided into three classes—psychopathic, hygienic and medicinal. This disease being largely neuropathic, the treatment must be addressed to changing the mental attitude of the patient. Examine the case thoroughly to find anything wrong physically and connect it with the indicated treatment. Pulsatilla, saw palmetto, staphysagria, salix nigra aromatics, belladonna and sedative injections all help, and give the patient something to pin his faith to. Have a heart-to-heart talk with your patient. If you can convince him that the universe does not revolve around his penis, a long step has been taken towards his recovery.

Have him bring some of the urine when he is sure it contains semen. Convince him by the appropriate churned tests that the "semen" is precipitated earthy phosphates. Have him bring some of the urethral discharge and by a microscopical examination convince him it is only prostatic or urethral discharge. But sometimes you will find spermatozoa. Then he is thoroughly confined in his gloomy forebodings unless you can convince him that he can lose many spermatozoa without being in a deplorable state. Explain to him that during coitus a man will ejaculate hundreds of these little "prudics" and that some men keep this up daily for years with no appreciable influence upon their bodily health. The same line of reasoning can be applied to the nocturnal losses. Tell him this is nature's way to empty the distended seminal vesicles, in the absence of intercourse or masturbation. Teach him enough physiology so that he will know that if he has accustomed the seminal vesicles to being evacuated regularly that because he stops that, that does not cease the activity of the glands, and the vesicles empty themselves with or without his consent when they become distended.

Also tell him of the power of thought and its control over the physical body, that if he is constantly thinking of sexual matters that these thoughts cause a constant congestion of blood in the sexual organs, with a resultant increased activity of the glands. It is obvious, therefore, that he must choose his thoughts. If he keeps his mind employed otherwise there will be no room or time for these undesirable thoughts.

Hold before him the high ideal of sexual continence except for procreation. Disabuse his mind of the idea that sexual continence is only for the female, but that continence is as compatible with perfect health in the male as well. That, as man has risen one step higher in evolution than the animal

and enjoys volitional intercourse, he is held accountable for the abuse of that privilege. In order to attain this high ideal without physical suffering he must change his diet and thoughts. Have him eliminate from his diet all stimulating heavy meats, eggs and condiments. Have him censor his thoughts and allow no lascivious or lewd thoughts to enter or remain in his mind, because the majority of people during sleep live in a cocoon of their waking thoughts of the past day, and when he lies on his back the generated heat arouses the sex center in the lumbar region and starts the train of thoughts running through his mind with a resultant pollution. For the same reason caution him against eating heavily just before bed time, sleeping on a soft bed or using too many covers—anything that will arouse the sleeping brain into activity while the thinker or the individual is away gives it the chance to run riot. It throws up the thoughts stored in it, and if they are lewd the result is usually a pollution. This condition may be obviated if he will hold as strongly as he can, just before going to sleep, the thought that if his mind gets started on a train of these thoughts that he will wake up immediately.

Another ideal to hold up to him is one that might not be considered high at all by superficial thinkers, who are still dominated by the double standard of morality, and this ideal is that while continence is the ideal, if he *just can not* control his sexual impulses or desires, that masturbation is a less evil than intercourse, because he alone is debased by that practice, while the other necessitates the debasement of his partner as well. Be careful in giving the opposite advice. In his selection of a partner his fancy might fasten upon the doctor's sister or daughter, as he has to choose somebody's sister or daughter, so why not the one who gave such advice.

I know that this is a "nasty" topic, but these poor unfortunates are deserving of our best efforts. If the next time one of these pestiferous cases comes to you instead of dismissing him with the customary advice you will treat him along the plan above outlined, you will lift the poor fellow from his slough of despond and he will rise and call you blessed.

DISCUSSION.

Dr. H. T. Webster: This is a very fine paper, but the doctor recommends no medicines. I would suggest for that condition, satyriasis, salix niger. I have had excellent results from this.

Dr. Burnett: Have your patients practice a little Christian Science; tell them they do not have this desire and they will get relief a whole lot quicker than with medicine.

PRENATAL CARE.

Pauline M. Beucler, M.D., Louisville, Ohio.

One of the most trying conditions a woman faces is during the period of gestation, especially when pathological conditions are present, and these cases are becoming more numerous, brought on probably by changed conditions or mode of living.

While the condition is a physiological one, the woman who experiences little or no distress is the exception, for the gravid uterus is subject to displacements during the early months, and as it increases in size, through pressure and decrease of normal blood supply to the various organs and nerve centers, what was at first a physiological condition may become a pathological one.

Nevertheless, the subject is one of universal interest, and is attracting more attention now than in years gone by, when pregnancy was mostly considered a sickness that would pass away in nine months, and any suffering experienced was believed by many to be perfectly normal at that time, or had to be, seldom seeking relief, as little or no attention was bestowed on the prospective mother. This neglect led many to have recourse to the advertiser for a painless birth, as the agonizing pains of a normal birth are such when nature is left to itself, that many seek to eliminate some of the sufferings, and facilitate the final expulsion of the child, as is demonstrated by the agitation "Twilight Sleep" has aroused.

Yet it would surprise many how a feeling of buoyancy and well being can be established, relieving the worry and anxiety experienced by most women during that period, preparing them for a safe and easy delivery. I will not take up your valuable time entering into the details of hygiene, diet or treatment for the various disorders that may arise, but will just touch on the general treatment, which consists of free elimination, especially with *"diuretics"* and uterine tonics.

From the observations on a few cases where labor had always been difficult I have found that where free elimination had been maintained with diuretics and uterine tonics, labor was shorter and easier than where uterine tonics alone were prescribed. Also when uterine tonics with digestives were prescribed, the labor was more tedious, as patients on that treatment gain in flesh, and the muscles become firmer. Whilst where free elimination is maintained with diuretics patients are apt to lose a little in flesh, the child, while well nourished, is not apt to be over-developed and the muscles are more elastic, labor terminating in less time, owing to the softened and relaxed condition of surrounding tissues. As the system is thoroughly flushed and waste products carried away, pathological conditions yield, finally doing away with much of the useless sufferings some women must contend with during this trying period of their lives.

METHODS OF TESTING THE HEARING AND THEIR SIGNIFICANCE.

J. Fraser Barbrick, M.D., Los Angeles, Cal.

The ear is divided into: (1) The auditory apparatus, concerned in the perception of sound; (2) the vestibular apparatus, concerned in equilibration, the recognition of our relations to space and orientation, and the perception of motion.

These two parts are tested separately and in this paper we will consider the functional testing of the auditory apparatus only, and endeavor to arrange and explain the tests in a manner that will make the article of practical value to the general practitioner as well as the aural specialist.

The auditory apparatus consist of: (a) A sound collecting and conducting portion made up of the auricle, the external auditory canal, the membrana tympani, and the middle ear and its contents—the chain of ossicles with the tensor tympani and stapedius muscles; (b) a sound perceiving portion contained for the most part in the internal ear, and including the terminal nerve filaments of the membranous labyrinth, the organ of Corti, the cochlear division of the superior temporal convolution of the temporo-sphenoidal lobe of the cerebrum.

The physiology or mechanism of hearing is usually stated as follows: Sound waves impinging on the membrana tympani are conveyed to and set in vibration the chain of ossicles—malleus, incus and stapes—contained in the middle ear. The vibratory movements of the ossicles through the medium of the stapes—the foot plate of which is inserted in the oval window of the vestibule, not forming a bony union, but being attached by a fibrous ring—are transmitted to the fluids of the inner ear. The impulses thus transmitted to the peri-lymph of the inner ear stimulate vibrations in the membrana basilaris and the hair cells of the organ of Corti, and the nerve stimuli thus set up passes through the cochlear division of the eigthth nerve to the cortical centers, where the tone picture is formed as the final step in sound perception.

While sound waves reach the labyrinth chiefly as described above, they may be transmitted through the vibration of the secondary tympanic membrane, closing the cochlear or round window, and are also carried to a considerable extent by the bones of the skull. Hence, the sense of hearing is not altogether lost when the membrana tympani and ossicles are partially or wholly destroyed, as in suppurative otitis media, or after a radical mastoid, or when the foot plate of the stapes is fixed in the oval window, as in oto-sclerosis or spongifying osteitis.

The object of the functional examination of the auditory apparatus is to locate the seat of deafness in the sound conducting or sound perceiving parts, and to determine thereby the required treatment and probable results. Hearing is tested by pure tones and by noises, and the tests are made by means of tuning forks, Galton whistle, watch and voice, etc.

Principles underlying the tests for hearing are: (1) The normal range of hearing is from 16 double vibrations to 48,000 double vibrations per second; (2) when the conduction apparatus is diseased or obstructed, *hearing for low tones is impaired or lost;* (3) when the perception apparatus is diseased, *hearing for high tones is impaired or lost;* (4) the normal ear hears about *twice as long by air conduction as by bone conduction;* that is, a fork heard by bone conduction (pressed against the mastoid) twenty seconds, will be heard by air conduction (held close to the auricle)

about forty seconds; (5) in "conduction deafness" *bone conduction is increased or "lengthened;"* (6) in 'inner ear or perception deafness" *bone conduction is decreased or "shortened."*

Testing by Pure Tones; Tuning Fork Tests.—For the general practitioner Hartman's set of C forks answers all practical purposes. The set contains five forks, ranging from C. 128 to $C._4$ 2048 double vibrations per second. Above this point the Galton whistle, which gives tones up to the upper limit of human hearing, is usually used. The necessary tuning fork tests are Schwabach's Weber's, Rinne's and Gelle's tests.

1. Schwabach's Test.—Use C^1-256 or C^2-512 fork. Strike the fork and place its handle on your own mastoid and wait *till you no longer hear the fork* sounding; then transfer the fork to the patient's mastoid and ask if he hears it. If *yes,* "Schwabach is lengthened."

Note.—It is necessary to be sure the patient understands he must *hear* the fork and not merely *feel* its vibration.

In cases of "conduction or middle ear deafness" and in otosclerosis, the patient will hear the fork on the mastoid after a normal person has ceased to hear it.

In case of "nerve or inner ear deafness," on the other hand, the patient can not hear the fork on the mastoid as long as a normal person. In such a case the observer must first place the vibrating fork on the patient's mastoid, and when the patient says the sound has stopped, transfer it to his own. Accordingly Schwabach's test may yield three results: (a) *Schwabach normal, i. e.,* observer and patient both hear the fork for the same period—about fifteen seconds; (b) *Schwabach lengthened,* patient hears the fork after observer has ceased to hear it (in otosclerosis it may be increased to a minute); (c) *Schwabach shortened,* observer hears the fork after patient has ceased to hear it.

Note.—When the patient is quite deaf and the duration of hearing the fork on the mastoid is about normal, a "combined labyrinthine and middle ear deafness" usually exists.

2. Weber's Test.—Use $C.^1$ 256 or $C.^2$ 512 fork. Strike the fork and place it on the median line of the patient's vertex. A *normal person* hears it equally well in both ears, *i. e.,* the sound seems to come from the middle line. If such a normal person now closes one ear with the finger, he will hear the sound louder in the occluded ear; that is, he has created a condition of "conduction deafness" in one of his ears, and the sound is "lateralized" to that ear. The reason for this is as follows:

When the tuning fork is placed on the vertex the sound passes to the tympanum and labyrinth by way of the bones of the skull, and some of it is lost through the external meatus. By closing the ear with the finger the sound which would otherwise be lost is retained, and consequently, the fork sounds louder in the occluded ear.

Weber's test is "lateralized" to the *diseased ear* in a case of 'conduc-

tion deafness" and to the *healthy or better ear* in a case of "inner ear or perception deafness."

NOTE.—This test is most important in one-sided deafness. It is of small importance in bilateral deafness of equal degree, or in mixed and pure labyrinthine disease.

3. RINNE'S TEST.—Use C.^{1}-256 or C.^{2}-512 fork. Place a vibrating fork on the mastoid over the antrum, taking care not to touch the auricle. Tell the patient to raise the hand when he can hear it no more. When the signal is given place the fork before the external auditory meatus, but not touching the patient, and if it is heard again, "Rinne is plus or positive."

A normal person hears the fork about twice as long when held opposite the ear as when placed on the mastoid; that is, "air conduction" is normally about twice as long as "bone conduction."

The results of this test are recorded as follows: (a) *Rinne plus or positive,* the tuning fork is heard by air conduction longer than by bone conduction; (b) *Rinne minus or negative,* the tuning fork is heard by bone conduction longer than by air conduction; (c) *Rinne indifferent,* the tuning fork is heard an equal length of time by both bone and air conduction.

EXPLANATORY.—In "middle ear deafness" air conduction is shortened, bone conduction lengthened. In "inner ear deafness" both bone and air conduction are shortened, but the normal relations are maintained, *i. e.,* air conduction is about twice as long as bone conduction. In "mixed deafness," that is, combined middle and inner ear deafness, both air and bone conduction are shortened, but the normal relations are reversed; that is, bone conduction is longer than air conduction. In "otosclerosis" Rinne is negative. While the usefulness of Rinne's test of itself is slight or limited, it is of value as a means of corroborating conclusions reached by other tests.

4. GELLE'S TEST.—Important for cases of otosclerosis. An olive-shaped ear piece is placed in the rubber tubing of a valveless Politzer bag. The ear piece is tightly inserted in the patient's ear. A vibrating fork C^1 or C^2, is now placed on the bag and pressed into it, so as to compress the air in the external meatus and drive in the membrana tympani and the ossicles. In a normal person the sound becomes fainter and, on releasing the pressure, becomes louder again. In a case of otosclerosis, on the other hand, in which the stapes is fixed and immovable in the oval window, the foot plate can not be pushed in by raising the air pressure in the meatus, consequently the patient can detect no difference when the Politzer bag is compressed and the sound of the fork is not altered.

TESTS FOR MALINGERING.—The use of tuning forks in simulation is very important. The patient should be blindfolded. There are two classes of malingerers: Those who claim complete deafness, and those who claim one-sided deafness.

1. Frequently repeat the tuning fork tests and compare the results of each examination. Marked discrepancies suggest malingering.

2. Close the good ear and shout into the deaf ear. Malingerers think they should not hear anything and do not respond. A non-malingering patient with one deaf ear and one healthy one hears a low conversational voice, even with his good ear closed.

3. Place the vibrating fork on the vertex. A malingerer says he hears it best in the good ear. Now close the good ear and he says he hears nothing. He is a liar.

4. Violently overturn a chair. A malingerer takes no notice, but even a totally deaf person *feels* the vibration produced by a chair falling.

5. Stenger's Test.—Take two forks of the same tone. The normal hearing person hears on both sides when they are at equal distance from the ears. Now carry one away from the ear. The one nearest the ear is then the only one heard. Replies from malingerers will be at variance with this rule. The A. forks 435 double vibrations are best for this test.

There are many ways to fool and confuse the person who simulates deafness. If one gets the same results with whispered, low or loud conversational voice after several trials on different days, the patient is probably not simulating. If certain tones are invariably not heard, and if the duration of tone is the same, and Schwabach, Weber and Rinne tests are comparatively the same at each examination, there is slight doubt of the honesty of the individual. Record carefully the hearing tests of the simulator, and sooner or later he will convict himself. But with a shrewd patient it is sometimes very difficult for even the most expert examiner, by the most scientific methods, to prove malingering.

Testing With High and Low Tones.—As stated before, the normal range of hearing in the human ear extends from 16 double vibrations to 48,000 double vibrations per second. In "middle ear deafness" low tones are heard badly or not at all, while the upper tone limit is normal, or relatively so, and the duration of sound by bone conduction is lengthened. High tones can be heard by a normal person when both ears are occluded by the fingers; the intensity of the high tones is much greater than that of low tones. In cases of "inner ear deafness" low tones are well heard, but there is more or less shortening of the upper tone limit, the highest sounds are not heard, and the duration of sound is shortened.

In man the cochlea has two and a half turns. The fibers of the basilar membrane at the beginning of the cochlea (near the round window) are short and gradually increase in length until the apex is reached. In cases of "nerve deafness" following middle ear troubles, it is the beginning of the cochlea that is first affected, and consequently all high tones are badly perceived or absolutely lost. If in a case of middle ear disease there is loss of the upper tones also, it points to a concomitant involvement of the inner ear, and the prognosis is bad.

With the C^1-256 fork and the forks above this, it is necessary to compare the patient's hearing with that of a normal person (the observer). Note by means of your watch the number of seconds you can hear the

vibrating fork after the patient has ceased to hear it. With the lower forks merely note whether they are heard or not.

Tuning fork examinations must be repeated, as the patient is apt to make mistakes. It is inadvisable to continue the tests for more than half an hour, as the patient becomes confused if the examination is too prolonged.

Testing by Noises.—The noises usually employed are those made by the watch, by the human voice, by the akoumeter, and by a whistle or rattle. For all practical purposes the watch and voice are sufficient.

1. Watch.—The watch has long been used to test acuteness of hearing and is of more or less value. All normal people can hear a watch tick, but after fifty years it is heard badly. The patient may be able to hear the watch distinctly at about the normal distance and yet not understand conversation or *vice versa.* While it may not afford an accurate means of diagnosis, it is generally always available and is often the means by which comparisons may be readily made from time to time during the progress of the disease or process of treatment. In catarrhal inflammation of the middle ear and especially of the Eustachian tube the watch may be heard distinctly one day and indistinctly or not at all the next or at another time. This variableness is rather diagnostic of this type of ear trouble and is explained by the intermittent stoppage of the tube and consequent rarefaction of the air in the middle ear cavity, at which time the watch is heard poorly or not at all. When the tube opens and becomes clear again, air is restored to the tympanic cavity, the normal tension of the drumhead and ossicular chain is restored and the watch is heard again. Watches vary in the loudness of their tick, and the observer should know the distance his watch can be heard in a quiet room by a normal person. The watch should be heard by both air and bone conduction.

Technique.—*First make sure your watch is going.* Then place it upon the patient's forehead and ask him if it is heard. If the answer is *yes,* "nerve deafness" may probably be excluded. The watch should also be placed on the mastoid of each side, and in normal persons is heard equally well on either side. In a case of "nerve deafness" in one ear, the watch will not be heard on the mastoid of that ear. There are five ways of using the watch, viz.: (1) Find the distance at which it can be heard by approaching the ear; (2) first use No. 1, then note how much farther it can be heard upon withdrawing it; (3) place it in firm contact with the auricle; (4) place it in firm contact with the mastoid; (5) place it in firm contact with the forehead or between the teeth and note in which ear it is heard more plainly.

In recording the hearing distance by watch, use the number of inches at which it is heard by a normal person as the denominator, and the number of inches it is heard by the patient as the numerator of the fraction.

EXAMPLE.—Watch heard by normal person at sixty inches, by patient at ten inches, equals and is written W. 10/60.

2. THE HUMAN VOICE TEST.—This is a very practical test with, of course, limitations, and requiring patience, intelligence and some practice in its application.

TECHNIQUE.—The patient must be placed at one end of the room sideways to the examiner, and the ear not under observation must be closed with a moistened finger. The patient should also keep the eyes closed and be instructed to repeat after the physician the words used in the test. The physician gradually recedes until the patient ceases to hear, or repeat correctly, the words spoken, and the distance should be entered in the record of the case. The words used should be familiar to the patient and should be simple and slowly and distinctly pronounced. The following words are suitable: Monday, Glasgow, baby, uncle, sofa, table, Aberdeen, father, Friday, carpet, telephone, window, sister, mother, captain, master, general, etc. Also various numbers may be used, as 42, 21, 23, 99, 64, etc., but the mixing of words and numbers should never be done.

The *forced whisper,* the *conversational voice* and the *raised voice* are all used. Some words are easy to hear, others are less easy, while still others are very difficult. It is best to begin with the easy words. The vowel sounds are most easily distinguished, and a woman's voice is usually most easily heard, as it is higher pitched and has more tone than a man's. There are also differences in quality, timber, pitch and carrying quality of different observers, though these differences are much less pronounced in the whispered voice, especially if it is given with the residual air. Therefore, the whispered voice should be used when possible, thus making the test more uniform. A whisper is heard at forty yards by a normal ear under perfect conditions of quiet and atmosphere, etc., but, of course, this distance varies greatly according to place and conditions of examination and voice of examiner. If the room is not long enough, the examiner may, when he reaches the end of the room, turn round and speak with his back to the patient—"single turn, conversation or whispered voice." This lengthens the distance by one-third. If still too short, turn the patient around also, so that the ear to be tested is next to the wall—"double turn, conversation or whispered voice." This adds another third to the distance, and, with the whispered voice makes the ordinary office room long enough for all practical purposes. The voice used may be any of the three according to the degree of deafness, and the record should state which one was used. Hearing distance should be tested before and after inflation, and the difference carefully recorded. Slight differences should be disregarded, as slight improvement may be due to the patient becoming accustomed to your voice. Before we can be sure of any improvement, the hearing distance must have increased one-third, at least.

EXAMINATION OF A CASE.—In taking the history of a case of deafness,

ascertain the duration, supposed cause, mode of onset (gradual or rapid), discharge and character, noises and character, etc. Does the patient hear better in quiet or noise? Worse when tired or worried? Any deafness in the family? Occupation; does it predispose, etc.? Previous diseases; syphilis, etc. Any dizziness or nausea accompanying the deafness at any any time? Any nose or throat troubles? examine. Any eye symptoms? test for nystagmus. What treatment, if any, has been carried out? Next, make an otoscopic examination and be sure the external canal is clean before giving an opinion on the state of the membrana tympani. Now make the different tests with voice, watch and tuning forks, and record results. Then inflate, retest and again record the results.

SUMMARY.

In "middle ear or conduction deafness" and in otosclerosis.	In "inner ear or nerve deafness."
Schwabach is "lengthened."	Schwabach is "shortened."
Weber is "lateralized" to the bad ear.	Weber is "lateralized" to the good ear.
Rinne is minus or negative (that is, bone conduction is greater than air conduction).	Rinne is plus or positive (that is, air conduction is greater than bone conduction).
Watch is heard by bone conduction.	Watch is heard badly or not at all.
Low tones are heard badly or not at all.	Low tones are heard well.
High tones—C^2 tuning fork 512 double vibrations and those above it are heard normally.	High tones are more or less reduced; that is, the upper tone limit is contracted and the highest tones are not heard.
Inflation improves if the deafness is due to Eustachian obstruction or middle ear catarrh. No improvement in otosclerosis, and Gelle's test is negative in such cases.	Inflation does not improve, and, if continued, may harm.

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SUPRAPUBIC PROSTATECTOMY.

E. B. Shewman, M.D., Cincinnati, Ohio.

Pre-Operative Treatment.—This is one of the important measures of every prostatectomy, if one wishes a high standard of success. Eighty per cent. of all cases that come for operation are well advanced in years. Ninety per cent. have reached the catheter life. Ten per cent. do not be-

long to the catheter stage, but have obstructive symptoms with occasionally retention. In view of these facts we not only have the original pathology of the prostate, but have a chronic cystitis or may have an ascending lesion of the genito-urinary tract, due, first, to instrumentation, from traumatism or non-sterile catheter carrying bacteria and infection. Secondly, from residual urine with decomposition, proliferation of bacteria, infection and general acute toxemia. Therefore, it is necessary to combat as nearly as possible these conditions before operative measures are resorted to.

One week preceding the operation we irrigate the bladder daily with a warm boric acid solution. Have the patient drink large quantities of water and administer five grains of urotropin four times a day as a urinary antiseptic. The general condition is taken care of by good nutrition, diet and the bitter tonics.

In the cases where the prostatic enlargement is such as to almost occlude the urethra and the catheter can not be passed without severe pain or profuse hemorrhage, we distend the bladder with sterile water, anesthetize the skin and subcutaneous structures with novocain, and with a trocar enter the bladder just above the public arch, withdraw the obturator, and through the canula slip a catheter which remains and is used for drainage and irrigation. After about one week or ten days the patient's health has improved so vastly that the operation can be performed with a minimum amount of danger. With these preliminary measures, one has eliminated a cause that tends to increase the mortality in postatectomy.

For a decade radical prostatectomy has agitated operators who have discussed the merits of the various procedures. Exponents of suprapubic and perineal routes are still debating; but all must admit that each has its place. However, in view of recent developments and measured by results, we believe that suprapubic is the better route with a very few exceptions.

Preparation.—On the afternoon of the day preceding the operation the patient is given a cathartic, preferably of two ounces castor oil, followed on the morning of the operation by a high enema. A light diet the day preceding, the bladder irrigated immediately following the enema and the parts shaven. Forty minutes before the operation a hypodermic of morphine, ¼, atropin, 1/150, is given. The patient taken to the operating room and the preparation completed before starting the anesthetic, which is important, as shock is the one great factor in producing death, and the length of anesthesia a factor in causing shock; therefore, every detail should be completed before anesthetizing. The field of operation is sponged with benzine, dried, painted with iodine and all excess cleansed with alcohol. A sterile soft rubber catheter is introduced into the bladder and the bladder fully distended with sterile water. We are now ready to start the anesthetic.

Operation.—I prefer wearing two gloves on the left hand. Standing to the left of the patient, a vertical incision two and one-half to three inches

long, starting just above the pubic symphysis, divides the skin, superficial fascia, fibers of the sheath of rectus abdominis and fibers of pyramidalis. when present. Open prevesical space as little as possible, and then the distended bladder comes into view. Make a vertical incision into the bladder high upon the fundus about one inch long, doing this quickly; slip the index finger of the right hand into the bladder and with the index finger of the left in the rectum elevate the prostate; then with the finger push through the mucous membrane at the internal meatus, where the lobes are in apposition; one can nearly always do this with the finger. If unable to do so then cut with scissors or knife, introducing the finger into the incision and enucleate the prostate, which is easily and quickly done and which usually brings with it a portion of the prostatic urethra. The finger is now withdrawn from the rectum and outer glove removed, both hands free to deal with the operative field. Hemorrhage is inconsiderable, although it may be severe. If hot irrigation does not control, we may use the hemostatic tube or bulb. However I usually pack the prostatic space with gauze or wick. I then introduce a large-sized drainage tube, and occasionally close the bladder to the tube with Lembert suture, especially where the bladder opening is large, the tube being brought out at the upper angles, but where wound is small practically always pass a silk worm suture below the tube through the abdominal wall, through the bladder wall on same side, then out through bladder wall on opposite side and out through abdominal wall, doing likewise above the tube. These are the only sutures I place and my recoveries have been just as rapid and complete as other methods employed.

Post-Operative Treatment.—The gauze or wick is removed on the fourth or fifth day, the tube a few days later. On the seventh day an inlying catheter is introduced with a catheter carrier. Some advise this procedure at the time of operation. It is of no value immediately after operation, and being constantly in the uretha can only cause traumatic urethritis. We do not irrigate after the operation, permitting free dainage to exist with frequent dressing, so as to keep the patient dry and comfortable. These patients are put out of bed early and the fistula closes in three to five weeks, the closure depending on the early and persistent use of the inlying catheter preventing distention of the bladder and interference with rapid granulation by leakage of urine.

Advantages of Suprapubic Prostatectomy:—First, complete removal of obstruction; secondly, stenosis is more likely to follow perineal than suprapubic, as in the latter all the operative work is carried on behind the posterior layers of the triangular ligament, stricture formation in the urethra being almost impossible. Third, loss of voluntary control of the bladder is one of the most unfortunate conditions following prostatectomy; to me, apparently, one of the most tragic, the patient being in a more deplorable state from incontinence than he would have been from retention. No doubt

had he known he would have chosen the catheter life in preference to the permanent use of the urinal. The preservation of the compressor urethræ muscle is essential to bladder control. In the suprapubic operation the most faulty technique can injure the muscle; therefore, incontinence should never occur. This one factor alone should give this operation preference wherever possible to do so. Fourth, injury to the rectum should never occur, whereas in the perineal it is likely to. Fifth, urinary calculi can be recognized and removed. Sixth, it carries less liability of permanent injury to sexual or procreative power, important in those in the forties. These I consider deciding factors in this operation. The dangers of prostatectomy are: (1) Shock; (2) hemorrhage; (3) pneumonia; (4) uremia; (5) septicemia; occasionally cerebral hemorrhage and pulmonary embolism.

DISCUSSION.

Dr. E. B. Stevenson: The paper is very interesting and to the point. It is a paper that the Association will appreciate very much. It deals with this trouble in a direct and sensible way. I was very much interested as the doctor detailed his technique, which brought to my mind a recent case in the hands of myself and my son. A man, eighty-two years of age, who had this difficulty, had a complete urethral obstruction, and the pre-operative procedure and the operation as detailed by Dr. Shewman was employed in his case with complete recovery, a remarkable thing for a man of his age. To my mind this commends the suprapubic method. I prefer it very much to the perineal route. No one will make a mistake to follow the outline laid down by Dr. Shewman in his paper.

Dr. E. G. Sharpe: I did not hear all of the doctor's paper, but I am very much interested, and I would like to ask for my own information what percentage of recoveries from operation for this trouble the doctor is able to report in patients past seventy years of age.

Dr. Shewman: From the suprapubic method we have a record so far of about 85 per cent.; from the perineal about 60 per cent.

Dr. Sharpe: I am frank to admit that that is a better report than I would be able to make. I do not particularly encourage the operation in patients past three score and ten. It may be due to my faulty technique, or I may get hold of a class of patients that are more debilitated, but in my experience in surgical work I have not been able to get the percentage of recoveries that the doctor reports.

Dr. I. A. Wheeler, Healdsburg, Cal.: I very much enjoyed the paper, and I am sure the success reported by Dr. Shewman is accounted for largely by his preparatory treatment. I much prefer the suprapubic route.

Dr. J. B. Horner: I have had no experience in doing a prostatectomy, but I have had lots of experience in treating the cases otherwise. I am reminded of a case I had fifteen years ago, a man who had been using the catheter for about twelve years, and finally had the operation of castration; but in that case no benefit resulted. As is known, it occurs in old men, and I have been successful generally in tiding them over by using the catheter and washing out the bladder, and for the last two or three years I have used sulphate of chromium with excellent results. Urotropin and salol is also good.

Dr. F. M. Andrus: I enjoyed the doctor's paper greatly, and the idea of using a double glove on the left hand appealed to me as being quite a nice little item in technique. There was one point the doctor did not bring

out, whether he used the canula and trocar made especially for the retention catheter in drainage. There is a large canula and trocar made for the purpose of introducing the retention catheter, and there is a catheter with several holes in it for drainage. This operation of prostatectomy is like a good many other things—it swings back and forward. In my short career the pendulum has swung from the perineal method to the abdominal. I think the choice of method should be made in relation to the patient after examination. There are patients that I think the perineal route would be the choice. On the other hand, there are cases in which the abdominal route should be chosen. The preparation of the patient is the secret of success. This intravenous method of preparation of patients might be well considered in this as well as in some other surgical conditions.

Dr. B. Rosewell Hubbard: I want to say a word with reference to the different methods of operating for the removal of the prostate. If it can be determined in these cases that on account of enlargement of the prostate gland it extends into the bladder, it is better to do the operation from the abdomen, but for the ordinary size prostate gland I think the perineal route may be selected. I think the abdominal route is to be preferred for the purpose of exploration. I have in mind a case that occurred in Los Angeles about three years ago. The patient had an enlarged prostate and I had performed an operation for its relief, but for some reason or other he concluded to consult another physician, a specialist, and this specialist operated on him and removed the prostate through the perineal route. The man recovered from the operation, but was not improved very much in his bladder trouble. He still had difficulty and consulted another surgeon who discovered symptoms that pointed toward calculus. This physician operated by the abdominal method and removed a calculus the size of an English walnut. If the first surgeon has operated through the abdominal wall he probably could have relieved the prostatic trouble and at the same time discovered the calculus and removed it. For that reason I think it is much safer to do the abdominal operation rather than the perineal.

Dr. Shewman (closing): There is one thing the paper should bring out, and that is the opening of your bladder. I did state to make the opening high on the fundus, but I did not say why. Go as low in the prevesical space as possible. If you make an opening in your prevesical space you will have a tortuous canal. If you make that opening high on the fundus you will have a straight fistulous tract draining directly on the surface. These cases recover rapidly, whereas if you make a low incision you do not get drainage.

In regard to what Dr. Sharpe says about mortality, we used to have a mortality higher than we have now. We used to have so many die in the early stages of our operative work that we came to the conclusion it was not a safe procedure. But we found a great many cases of mortality were due to shock, not to the operation or hemorrhage, and we find if we make every preparation before we anesthetize the patient we have better results. The length of the operation determines the amount of shock. The anesthetic determines the amount of shock, and therefore we prepare the patient to the very point of making the incision before giving the anesthetic, consequently we take only ten or twelve minutes for the operation and the shock is limited and the patient gets along very nicely. I think that accounts for our mortality.

As to Dr. Horner's statement about castration, I can not see that castration of the testicle is of any particular value so far as the reduction of the prostate is concerned. Chromium sulphate has been used by some physicians in our town with varied success. I have never used it personally because the cases that come to me are naturally subjects for surgical operation.

Dr. Andrus, if you will remember, I said I used an inlying catheter, and I thought the assembly would understand that an inlying catheter is a retention catheter. I do not put this in until I take the large drainage tube out. I believe the success in these advanced cases is in getting in quickly and getting out quickly. Whether you sew with a catgut suture and close it tightly around the tube, or take a silk-worm suture and pick it up on the abdominal wall and put it out on the other side, so far as the results are concerned I can not see very much difference.

In the perineal route method the procedure depends upon your pathology. A large per cent. of these cases are of the glandular type. They show a hypertrophy of the prostate gland, and it does not push so much to the rectum as to the bladder. A large number of these cases present sacculated conditions of the bladder. You have retention of the urine, the bladder can not empty itself. Consequently this is only determined by the cystoscope, which I use before every operation. Formerly, in doing our perineal operations, we used to have constant irrigation. We passed out of that, because we found these patients so many times had pneumonia and a large per cent. died, not as a result of the prostatectomy, but as a result of the pneumonia. So we did away with irrigation and we do not drain at all. We do not wash them out. We keep the drainage tube clean and make the patient comfortable, and we find they are far better than with continuous irrigation. It depends absolutely upon your pathology.

RECIPROCITY.

JOHN K. SCUDDER, M.D., CINCINNATI, OHIO.

In a consideration of reciprocity in licensure between States, as affecting a physician of one State desiring to practice in another State, one must first consider briefly the present complexity of medical license laws.

It is not for me to argue now for or aganst medical licensure, or for separate examining boards, because we are still all in the position of the lamented Job when suffering from a severe attack of boils, we have the conflicting laws and must bear our ills as best we can.

The following is a short abstract from a committee report to the "Federation of State Medical Boards of the United States," of which I am a member:

"Medical education and medical licensure in this country is controlled by forty-nine individual States, including the District of Columbia, each of which in these matters is legally independent of the other. In these forty-nine States there are forty-nine different practice acts, providing for fifty-seven different licensing boards, no two of which entirely agree in the details of the matter of standards enforced.

In thirty-eight States there is a provision for a mixed board, in which the several schools of medicine are represented. In five States a single board exists, the members all belonging to the regular school of practice, and in the remaining six States, two or three separate boards are provided—Homeopathic, Eclectic and

Regular. In seven States, representation is given to osteopaths on the board; in one State with a membership of nine, there are two osteopaths. The president of one State board of examiners is an osteopath.

"In several States, special examinations are provided in osteopathy, and in three States, a special provision is made for the examination of so-called drugless practitioners.

"In regard to preliminary or premedical education of the applicants for licensure, there is provision in the law of forty-five States for some form of premedical education, while in four States there is no such provision. In twenty-seven States, a standard of four years of high school or higher is required, and with the present year, in twenty-four States, there is a preliminary requirement of one or two years of college work, seven State boards requiring two years.

"In forty-five of the forty-nine States, all applicants for licensure are required to be graduates of a medical school; in four States the law does not specify to this fact. The laws of thirty-three States give full authority to the board to refuse recognition to low-grade medical colleges.

"All States now require some form of licensure examination; in thirty-nine States this is entirely written, in seven, some form of practical examination is given, usually in the laboratory branches, and during the coming year three more States expect to add a practical test to the written examination. In one State—Pennsylvania—a bedside examination is required from applicants coming from other States. Three States have added an additional fifth or hospital year to the medical educational requirements.

"In regard to reciprocal relations with other boards, it is noted that in thirty-nine States there is provision for reciprocity, varying in number from seven to thirty-one reciprocating States. In ten States there is no provision for reciprocity.

"The term reciprocity implies an exchange of the courtesies of licensure usually effected by the exchange of a duly executed and signed contract, stipulating the terms of acceptance of the licentiates of the other States.

"In some States this is governed by a so-called "gentleman's agreement" and in others by a single endorsement of the requirements of the reciprocating State. In a number of States a supplemental examination is required on those subjects not covered by the other board. This includes, in some States, an additional practical or laboratory test, and in one State (Pennsylvania) a bedside examination.

"In one State (California), an arrangement has been in force since August 10, 1913, whereby licentiates from other States are admitted to practice without examination, after presenting credentials acceptable to the California board, but no provision is afforded whereby a contract may be signed permitting licentiates of California to qualify in such other States. According to recent information, twenty-three States have favorably considered California on this reciprocity basis, and in these States, California licentiates are admitted through reciprocity, yet the licentiates of the remaining twenty-six non-reciprocating boards are admitted without examination, if otherwise acceptable to the California board.

"While recognizing the lack of uniformity in standards that prevails when statistical data are collected and compared with conditions a decade ago, a very marked improvement is everywhere noticeable. At that time, a preliminary education of four years high school or higher was required in only ten States, while now provision for the same exists in thirty-seven States, and similar changes have come in other directions."

Reciprocity is generally divided into two classes, endorsement of the license of another State issued on State board examination only, usually since 1900, known commonly as Condition Number One; and the endorsing of a license issued by another State on diploma registration, usually prior to 1900, known commonly as Reciprocity Condition Number Two.

Some States issue reciprocity licenses under Condition One only, some under both One or Two, and some States not at all.

If a person seeking reciprocity will bear well in mind the following conditions, the subject will be simplified.

One must have all the qualifications required in the State into which you are seeking admission at the date of your registration in your own State.

As an example, if I seek reciprocity now from Indiana, I must show that at the time of my medical graduation (1888), and my Ohio licensure on diploma only, in 1896, I had the (then) Indiana qualifications for registration.

Furthermore, if my son should graduate in medicine in 1916, and pass the Ohio Board and register, he could *not* obtain reciprocity in Indiana from Ohio, unless he had *all* the qualifications, premedical as well as medical, which Indiana *now* requires.

ALABAMA.—One board, W. H. Saunders, M.D., Secretary, Montgomery; *no reciprocity whatever.*

ALASKA.—Henry C. DeVighne, Secretary, Junau; no reciprocity.

ARIZONA.—Composite Board, R. M. Tafel, M.D., Secretary, Phoenix; no reciprocity.

ARKANSAS.—Three boards, C. E. Laws, M.D., Secretary Eclectic Board, Ft. Smith. Has reciprocity with California, Georgia, Indiana, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Nebraska, North Dakota, Ohio, Oklahoma, Texas, Vermont, Virginia and Wisconsin. Fee, $25.00.

CALIFORNIA.—Composite Board. Chas. B. Pinkham, M.D., Secretary, San Francisco. California is the only State which reciprocates with the individual physician providing he has had all the qualifications which California required at the date of his graduation. Thus California reciprocates with forty-nine States, but California licentiates only receive similar privileges in twenty-six States. Fee, $50.00.

COLORADO.—One board. D. A. Strickler, M.D., Secretary, 612 Empire Building, Denver. Reciprocates with individuals only, graduates since 1900, on examination only. Fee, $25.00.

CONNECTICUT.—Three boards. T. S. Hodge, M.D., Secretary Eclectic Board, Torrington. Reciprocity with any State on examination only with similar requirements.

DELAWARE.—Two boards. H. W. Briggs, M.D., Secretary, regular board, Wilmington. Reciprocity on previous examination only, with District of Columbia, Iowa, Kansas, Maine, New Jersey, New York and Virginia, Fee, $50.00.

DISTRICT OF COLUMBIA.—Composite board. George C. Ober, M.D., Secretary, Washington. Reciprocity with licentiates of any State which accords similar privileges to the District of Columbia.

FLORIDA.—Three boards. Ham S. Hampton, M.D., Secretary, Eclectic board, Tampa. Liberal reciprocity privileges.

GEORGIA.—Composite board. C. T. Nolan, M.D., Secretary, Marietta. Eclectic members, A. F. White, M.D., Flovilla, O. B. Walker, M.D., Bowman, A. F. Fleming, M.D., Waycross. Georgia reciprocates on diploma registration prior to 1894, and since that date, on examination with the following States: Arkansas, California, Colorado, District of Columbia,

Indiana, Iowa, Kansas, Kentucky, Louisianna, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, North Carolina, Oklahoma, Pennsylvania, Texas, Utah, Virginia, West Virginia and Wisconsin. Fee, $50.00.

IDAHO.—Composite board. Chas. A. Deltman, M.D., Secretary, Burke. Eclectic member, R. Truitt, M.D., Cottonwood. Reciprocates with Utah only, on examination.

ILLINOIS.—Composite board. C. S. Drake, M.D., Secretary, Springfield. Eclectic member, E. S. Spindel, M.D., Springfield. Reciprocates on examination only, graduates of colleges recognized in Illinois since 1899, with following States: Arkansas, Indiana, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Jersey, North Dakota, Ohio, Texas, Utah, Vermont, West Virginia, Wisconsin and Wyoming. Fee, $15.00.

INDIANA.—Composite board. W. T. Gott, M.D., Secretary, Indianapolis. Eclectic member, M. S. Canfield, M.D., Frankfort. Reciprocates on examination only with Georgia, Illinois, Louisiana, New Hampshire, New Jersey, New York, Pennsylvania, Texas, Virginia, Wyoming, and on *both* diploma and examination credentials from Arkansas, Colorado, District of Columbia, Iowa, Kansas, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, North Carolina, Ohio, Oklahoma, Tennessee, Utah, Vermont, West Virginia and Wisconsin. Fee, $50.00

IOWA.—Composite board. G. H. Summer, M.D., Secretary, Des Moines. Eclectic member, G. F. Severs, M.D., Centerville. Reciprocates on examination only with Colorado, Delaware, New Jersey, Pennsylvania, Texas, Virginia, Wyoming, and on either diploma or examination with Georgia, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, Utah, West Virginia and Wisconsin. Fee, $50.00.

KANSAS.—Composite board. H. A. Dykes, M.D., Secretary, Lebanon. Eclectic members, A. S. Ross, M.D., Sabetha, F. P. Hatfield, M.D., Olathe Reciprocity both ways with Alabama, Colorado, District of Columbia, Georgia, Kentucky, Mississippi, Missouri, Nebraska, New Mexico, North Carolina, Oklahoma, South Carolina, South Dakota, Texas, Virginia, West Virginia, Wisconsin and Wyoming. Fee $25.00. With California, Delaware, Illinois, Indiana, Iowa, Louisiana, Maine, Maryland, Minnesota, New Hampshire, New Jersey, North Dakota, Ohio, Pennsylvania and Vermont. Fee $50.00. With Utah, fee $75.00; $100.00 with foreign countries.

KENTUCKY.—Composite board. A. T. McCormack, M.D., Secretary, Bowling Green. Eclectic member, George T. Fuller, M.D., Mayfield. Reciprocates with medical society members of all reciprocating States, except New York. Fee, $25.00.

LOUISIANA.—Two boards. Edward Harper, M.D., Secretary Homeopathic board, 830 Canal Street, New Orleans.

MAINE.—Composite board. F. W. Searle, M.D., Secretary, Portland. Reciprocates with Arkansas, Colorado, Delaware, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin and Wyoming. Fee $25.00.

MARYLAND.—Two boards. O. N. Duvall, M.D., Secretary, Homeopathic board, 1817 N. Fulton Ave., Baltimore. Reciprocates on examination basis only, with every reciprocating State. Fee, $15.00.

MASSACHUSETTS.—Composite board. W. P. Bowers, M.D., Secretary, 159 State House, Boston. Eclectic member, A. L. Chase, M.D., Randolph. No reciprocity.

MICHIGAN.—Composite board. B. D. Harrison, M.D., Secretary, Washington Arcade, Detroit. Eclectic members, N. McLaughlin, M.D., Lake Odessa, A. L. Robinson, M.D., Allegan. Reciprocates on examination basis with the following States since 1903: Arkansas, California, Delaware, Louisiana, Maine, Maryland, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin and Wyoming. Fee $50.00. Also reciprocates on diploma only, prior to 1903, with Arkansas, California, Delaware, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, Ohio, Oklahoma, South Carolina, Tennessee, Utah, Vermont, West Virginia, Wisconsin. Fee $50.00.

MINNESOTA.—One board, Thomas McDavitt, M.D., Secretary, Lowery Building, St. Paul. Reciprocates for a fee of $50.00 on qualification number 1, with Arkansas, Colorado, Delaware, District of Columbia, Georgia, Illinois, Kentucky, Louisiana, Maine, Maryland, Mississippi, New Jersey, North Carolina, North Dakota, Pennsylvania, South Dakota, Texas, Virginia, and Wyoming. Also with the following States on number 1 or number 2; Indiana, Iowa, Kansas, Michigan, Missouri, Nebraska, Nevada, New Hampshire, Ohio, Tennessee, Utah, Vermont and Wisconsin.

MISSISSIPPI.—One board. E. H. Galloway, M.D., Secretary, Jackson. Reciprocates with Arkansas, Colorado, Delaware, Georgia, Indiana, Kansas, Kentucky, Maryland, Michigan, Minnesota, Missouri, Nebraska, Oklahoma, Vermont, Virginia, West Virginia. Fee, $50.00 and society membership.

MISSOURI.—Composite board. J. A. B. Adcock, M.D., Secretary, Jefferson City. Eclectic member, T. A. Son, M.D., Bonne Terre. Reciprocates on examination basis only with California, Illinois, Lousiana, Mississippi, North Dakota, Oklahoma, Pennsylvania, South Carolina, Texas and Virginia. Recprocates on diploma or examination basis with Colorado, District of Columbia, Georgia, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Nebraska, Nevada, New Hampshire, Ohio,

Utah, Vermont, West Virginia and Wisconsin. Fee $25.00 and society membership.

MONTANA.—One board. W. C. Riddell, M.D., Secretary, Helena. *No reciprocity.*

NEBRASKA.—Cmoposite board. H. B. Cummins, M.D., Secretary and Eclectic member, Seward. Reciprocity on examination only with Arkansas, Colorado, Louisiana, New Jersey, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Vermont, Virginia. Reciprocity on either diploma or examination with District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Missouri, Nevada, New Hampshire, Ohio, Utah, West Virginia and Wisconsin. Fee $25.00.

NEVADA.—Composite board. S. L. Lee, M.D., Secretary and Eclectic member, Carson City. Reciprocates on examination basis only with Arkansas, Colorado, Illinois, Kansas, Louisiana, Maine, Mississippi, New Hampshire, Oklahoma, Pennsylvania, South Dakota, Texas, Utah, Vermont and West Virginia. Fee, $25.00. Also upon diploma or past examination with Indiana, Iowa, Kentucky, Michigan, Minnesota, Missouri, Nebraska and Wisconsin.

NEW HAMPSHIRE.—Composite board. Henry C. Morrison, M.D., Secretary Concord. Eclectic member, W. H. True, M.D., Laconia. Endorses examination certificates only from Colorado, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Dakota, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia, Wisconsin, Wyoming. Fee $10.00.

NEW JERSEY.—Composite board. H. G. Norton, M.D., Secretary, Trenton. Eclectic member, D. P. Borden, M.D., Paterson. Reciprocity on examination only in California, District of Columbia, Georgia, Illinois, Indiana, Iowa, Louisiana, Maine, Michigan, Nebraska, New Hampshire, New York, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, West Virginia.

NEW MEXICO.—Single board. W. E. Kaser, M.D., Secretary, East Las Vegas. Has reciprocity with Kentucky, Iowa, Louisiana, Oklahoma, Pennsylvania, South Dakota. Fee, $25.00.

NEW YORK.—New York Regents. H. H. Horner, Chief Examinations Division, Albany. Mixed board of medical examiners, Earl H. King, M.D., Saratoga Springs, Eclectic member. Reciprocity on previous medical examination only with Delaware, Indiana, Michigan, New Jersey, Ohio, Utah, Virginia and Wisconsin. Fee, $25.00.

NORTH CAROLINA.—One board. H. A. Royster, M.D., Secretary, Raleigh. Very limited reciprocity with individuals.

NORTH DAKOTA.—One board. G. M. Williamson, M.D., Secretary, Grand Forks. Reciprocity on examination only, with Georgia, Illinois, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Missouri, Nebraska,

New Hampshire, South Dakota, Texas, Vermont, West Virginia and Wisconsin. Fee, $25.00.

Ohio.—Composite board. George H. Matson, M.D., Secretary, Columbus. Eclectic members, S. M. Sherman, M. D., Columbus, John K. Scudder, M.D., Cincinnati. Reciprocity on previous examination with Illinois, Louisiana, New Jersey, New York, Pennsylvania, Texas, Utah and Virginia. Reciprocity on both diploma and examination with Arkansas, California, Colorado, Delaware, District of Columbia, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Missouri, Nebraska, Vermont, West Virginia, Wisconsin and Wyoming. Fee, $50.00.

Oklahoma.—Composite board. J. W. Duke, M.D., Secretary, Guthrie. Eclectic members, M. Gray, M.D., Mountain View; W. T. Ray, M.D., Gould. Reciprocates by examination or diploma with Arkansas, Georgia, Kansas, Kentucky, Michigan, Mississippi, Nebraska, Nevada, New Mexico, North Carolina, South Dakota, Tennessee, Texas, West Virginia and Wisconsin. On examination basis only with California, Colorado, Indiana, Missouri, New Jersey and Vermont.

Oregon.—Composite board. L. H. Hamilton, M.D., Secretary, Portland. Eclectic member, H. L. Henderson, M.D., Astoria. Has reciprocity privileges with any State with the equal of Oregon requirements, on previous examination only. Fee, $50.00.

Pennsylvania.—Composite board. N. C. Schaffer, M.D., Secretary, Harrisburg. Eclectic member, C. L. Johnstonbaugh, M.D., Bethlehem. Reciprocity on previous State board examination, and from colleges recognized in Pennsylvania and elapse of two years time, with Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, Tennessee, Utah, Vermont, Virginia, West Virginia, Wisconsin and Wyoming. (And in some instances, old legal practitioners with bedside examination only.)

Rhode Island.—One board. G. T. Schwartz, M.D., Providence. *No reciprocity.*

South Carolina.—One board. A. Early Boozer, M.D., Secretary, Columbia. Reciprocity by examination with Maine, Maryland, West Virginia and Wyoming.

South Dakota.—Composite board. Park B. Jenkins, M.D., Secretary, Waubay. Eclectic member, W. E. Daniels, M.D., Madison. Limited reciprocity on examination basis.

Tennessee.—Composite board. A. B. De Loach, M.D., Secretary, Memphis. Eclectic member, B. L. Simmons, M.D., Granville.

Texas.—Composite board. M. P. McElhannon, M.D., Secretary Belton. Eclectic members, M. A. Cooper, M.D., Childress; M. F. Bettencourt, M.D., Mart. Reciprocates on examination basis with Arkansas, District of Columbia, Georgia, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota Missouri, Nebraska, New Jersey, North Dakota,

Ohio, Oklahoma, Utah, Vermont, West Virginia and Wisconsin. Fee, $25.00. Also on diploma registration with Arkansas, Kentucky, Oklahoma.

UTAH.—Composite board. G. F. Harding, M.D., Secretary, 310 Templeton Building, Salt Lake City. Eclectic member, C. L. Olsen, M.D., Murray. Reciprocates on examination only with Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska Nevada, New Jersey, New York, Ohio, South Carolina, Tennessee, Texas, Wisconsin and Wyoming. Also in a few cases on diploma *prior* to 1892.

VERMONT.—Composite board. W. Scott Nay, M.D., Secretary, Underhill. Eclectic members, F. H. Godfrey, M.D., Chelsea, P. L. Templeton, M.D., Montpelier. Reciprocates on examination basis only with Arkansas, District Columbia, Illinois, Louisiana, Maine, Nebraska, New Jersey, North Dakota, Pennsylvania, Texas, Virginia, West Virginia and Wyoming. Also on diploma registration period to 1905 and examination since, with California, Indiana, Kentucky, Maryland, Michigan, Minnesota, Missouri, Nevada, New Hampshire, Ohio, Oklahoma, Utah and Wisconsin.

VIRGINIA.—One board. J. N. Barney, M.D., Secretary, Fredericksburg. Reciprocates on examinations only with Arkansas, California, Colorado, Dakota, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Mexico, Michigan, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Tennessee, Texas, Vermont, West Virginia, Wisconsin and Wyoming. Fee $25.00.

WASHINGTON.—One board. G. N. Sutter, M.D., Secretary, Walla Walla. No reciprocity.

WEST VIRGINIA.—One board. S. L. Jepson, M.D., Secretary, Wheeling. Reciprocates on examination basis only with District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Missouri, Nebraska, New Jersey, North Dakota, Ohio, Oklahoma, Pennsylvania South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Wisconsin and Wyoming. Fee, $25.00.

WISCONSIN.—Composite board. J. M. Dodd, M.D., Secretary, Ashland. Eclectic members, F. C. Haney, M.D., Watertown; R. C. Rodecker, M.D., Holcombe. Has reciprocity on examination basis only, with Arkansas, Illinois, Louisiana, New Jersey, New York, North Dakota, Oklahoma, Pennsylvania, Texas and Wyoming. Also on examination or diploma with California, Colorado, District of Columbia, Georgia, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, Ohio, South Carolina, Tennessee, Utah, Vermont, Virginia and West Virginia. Fee, $50.00

WYOMING.—One board. H. E. McCullum, M.D., Secretary, Laramie. Has reciprocity on examination basis with California, District of Columbia, Idaho, Illinois, Indiana, Kansas, Louisiana, Maine, Michigan, Minnesota, New Hampshire, Ohio, Pennsylvania, South Carolina, Tennessee, Utah, Vermont, Virginia, West Virginia, Wisconsin.

THE PROPHYLAXIS OF PUBLIC HEALTH.

G. W Harvey, M.D., Bigpine, Cal.

The prevention of sickness is always to be preferred if possible, and any effort pointing that way is certainly most laudable, no matter from what source derived. Sanitation is the method par excellence in all matters that pertain to the health of the public, and the simple laws or methods for such, laid down ages ago by the Israelitish sanitarian, Moses, can never be improved upon. Modern conditions and environment may require a change in their method of application, but their basic principles are as immutable as the four seasons.

The festive microbe is still with us, but just now he is eclipsed with the sera, and our sanitarians are giving him a rest from Radam's and all other stomach killers, and have gone to shooting him hypodermically, thereby hoping to protect both the individual and the public from certain dangerous diseases.

Now the Lord made all manner of plants and herbs for man to heal his infirmities with, and whatever will cure a disease will also prevent it, if given in time. Poisoning the blood of a healthy child or adult with the filthy pus from a sick calf, will not prevent you from having smallpox, and you may die from the effects of it, as thousands of healthy children and adults have already done. The same is true of all the antitoxins and the sera. The blood of every reptile, bird and animal is very different from the blood of man, and while many of them are splendid food, taken by way of the stomach, none of them are fit for medicine.

Man is made in the image of his Creator, with mental, physical and spiritual attributes different from the beasts. He is not even permitted to eat of the blood of the beasts and birds that are classed as clean and allowed for food, and to deliberately inject the blood of beasts into human veins is physical, physiological and moral sacrilege, the dire results of which will not be fully known in their entirety for a generation at least. Disease can but multiply from such methods so contrary to nature.

The public should be educated, but in many things very differently from what they are now taught. They should understand that tonsil and adenoid butchery is a crime against nature, instead of the great benefit that it is claimed to be. They should know that the enlargement of these glands is a purely innocent physiological process, that may come with the eruption of the second, sixth and twelve year molars, and also that the enlargement will disappear with puberty. In some boys the tonsils remain enlarged from the second or sixth year until the testicles descend and begin to develop, when they slowly reduce to normal size without either medicine or operation. Adenoids and tonsils are just as necessary to the perfect balance of the system as are the kidneys, and often their removal will develop a latent tuberculosis, or set up an otitis media purulenta, or, in fact, septic pneumonia. It is not a preventive of either tonsillitis or quinsy absolutely, and it should be tabooed by all honorable physicians. Remove the cause

and the tonsils and adenoids will be normal and no bad results will follow. Warning the public against the butchery of tonsils and adenoids is to prevent both disease and death, and is therefore our bounden duty.

If the tonsil is really diseased, as is sometimes the case, there are plenty of medicines that will cure them, but in rare cases it may be better to remove a small portion of them in order to hasten the cure. Eclectics should endeavor to preserve the public health by educating the people up to their point of vantage. Teach the public that there is more positive power for good in our clean plant medicines than in all the sera, vaccines, antitoxins and operations in existence or ever devised by the surgeon. The miracles that I have accomplished with clean plant medicines, that every genuine Eclectic has accomplished in the cure of disease of every character, if actually known to the people at large would almost raise us to the rank of immortals. 'Tis a God given privilege to be a dyed-in-the-wool Eclectic, and the greatest good, the most important gift that we can make to the people for the preservation of their health, and the prevention of disease, is a knowledge of Eclectic methods and medicines.

THERAPEUTICS OF EYE, EAR AND THROAT DISEASES.

Herbert T. Webster, M.D., Oakland, Cal.

Little things in practice are those which go far toward making the success of the medical man. Of course, the big money comes from surgical operations, but the surgical practitioner who is incompetent in small matters is not liable to attract a very large clientele, and his important cases are, therefore, apt to be far apart. It might seem that in these days of specialists there will be little use for a knowledge of remedies in the eye, ear, nose and throat specialty by the ordinary or family physician, but even in these piping times the family physician is a lame duck if he neglect such matters, for it is an unfortunate fact that few specialists, especially among the elect or old school, are at all informed on this important subject.

Many cases of eye disease, in the hands of specialists, are allowed to drag along for months on local treatment, when the properly selected internal drug will either alone or in conjunction with local measures speedily bring them to a successful end. The essential matter is in the knowing how, and the knowing how consists in a study of the therapeutics of the eye, ear, nose and throat—the specific therapeutics. Of course, specific therapeutics can not be applied with the positive knowledge that attends mechanics or other arts, but it may come so near perfection as to prove of great assistance. I believe many cases drag along under the management of specialists that may be speedily cured by the family physician if he is well up in his materia medica. True, there may be some failures, but who is there among specialists who does not frequently fail with his best applied local measures?

In all cities and many of the larger towns the specialist has almost entirely removed eye, ear and throat cases from the hands of the family physician, who speedily refers them to that authority in order to escape censure if good results do not follow his efforts; but after a failure in such hands the family physician may win laurels with his remedies attempting so-called hopeless cases. I know of at least one case of total blindness pronounced hopeless by the highest specialist authority, completely and permanently cured with drugs, and in a very short time, by an ordinary country practitioner. It will be impossible in an article of this kind to carry the subject out in all its details. I propose here to merely offer some hints and call attention to some remedies which should come to mind in these cases.

I fear my title is something of a misnomer, for a full discussion of the subject would fill a small volume. It is my intention to only briefly refer to a few of the principal remedies to be employed in this direction. Space for more than this would not be allowable in an article of this kind. I shall, therefore, content myself with the grouping of a few remedies for each of these specialties, with brief remarks upon their applicability.

Eye Remedies.—I do not expect to mention all the useful remedies in the treatment of ocular affections. My experience is only one in many thousands. If all the knowledge possessed by many observers were recorded a long list would be at our service. Only those which have been of striking benefit to me in my experience will be referred to. Possibly results in my own practice may not coincide with the experience of others, though they may at least serve as hints upon which to draw when the practitioner is confronted with similar cases. The first trial with a remedy in a given case will often decide its fate with a novice. If it fail, then it is usually discarded for good. If it succeed in the first instance it is given further trial, and several successes with it give it a standing which can not be undermined by an occasional failure. By long use, then, a diligent practitioner gradually becomes attached to a line of remedies in which his faith is so firm that no skeptic can disturb it.

In this article I will limit my remarks to the following eye remedies—aconite, bryonia, conium, euphrasia, kali mur., phytolacca, pulsatilla and rhus tox.

Aconite.—Aconite, alone, is rather a feeble eye remedy. It acts best in combination with other agents, though it is of benfit in all cases of acute inflammation. In conjunctivitis it combines well with rhus tox., phytolacca and pulsatilla, and in rheumatic ophthalmia with macrotys, rhamnus cal. and other agents. In painful affections of the eye it is soothing, assisting in relieving spasmodic action of the ocular muscles, and thus aiding in relieving the acuteness of intense inflammatory pain. However, we can not expect much except auxiliary aid. Some Homeopathic authors consider it highly in sudden inflammation of the eyes, with great swelling of the lids and watery discharge. This would differentiate it from rhus tox.,

which is applicable to conjunctivitis without much pain and with mucous or muco-purulent discharge. In the first place, aconite would combine well with euphrasia, and in the second with rhus.

Bryonia.—This remedy possesses a specific affinity for the retina, and has made some wonderful cures of retinitis hemorrhagica. In my own case, a partial loss of sight following a severe attack of grippe, in 1889, was entirely removed with it in a few weeks after persisting for several months before its use. It seems to exert a reparative influence, promoting the nutritional power of the part. The practitioner will seldom require it, but when called for it is a remedy of great importance.

Conium.—This remedy is valuable in lack of proper accommodation. Headaches arising from this cause demand it. Sensitiveness of the eyes to light from the same cause will be much benefited by it. It is thus a fine remedy for some cases of photophobia. Aching in the occipital region referable to the optic centers call for its administration. It also exerts a curative action in nutritive faults of the eyeball, and has cures of corneal ulcer to its credit. Tired feeling about the eyes with slow ocular movements and giddiness. I believe that high attenuations often do better than material doses; at all events, the dose should be very minute.

Euphrasia.—This remedy applies chiefly to acute inflammation of the conjunctiva attended by profuse lachrymal discharge accompanied by extension of the inflammation to the nasal passages. Fluent coryza calls for its administration, and it relieves many of the attendant conditions, and where such cases lead to such chronic affections as corneal ulceration the incipient stages may be controlled by it. In the early stages of what was termed strumous ophthalmia in olden time, its action is often of service, though its most reliable place is in the early stage of fluent coryza. The catarrhal stage of measles, when the eyes and upper nasal passages are coincidentally involved is an appropriate place for its exhibition. I regard it as a remedy for superficial affections of the conjunctiva attended by much lachrymation, and seldom employ it in other cases, for I believe we have better remedies when deep tissues are involved. We have better nutritional remedies and better remedies when the connective tissue, or even the deep part of the conjunctiva is affected.

Kali Mur.—This agent can hardly be considered a specific eye remedy, though it is often almost indispensable in inflammatory conditions of the eye involving connective tissue. We might better term it a specific for inflammation of connective tissue. In eye inflammation accompanied by chemosis and attended by invasion of the cellular tissue of the cheeks and other parts, kali mur. is an important medicine. I employ it in such conditions in alternation with rhus tox. with perfect confidence that early good result will follow. Even alone in such cases one may pin his faith to it.

Phytolacca.—Few practitioners appreciate the value of this common remedy in eye affections. It is a remedy for chronic or subchronic states.

Its action in the early stages of trachoma or granulation of the lids is prompt and satisfactory, the granulation soon disappearing without local treatment through the systemic action of the drug. I have observed this effect in many cases and invariably prescribe it when children are brought to me with such a condition. It is almost as reliable in blepharitis ciliaris, and even when ulceration is present in such cases I expect much from it. It should always be given during the treatment of trachoma and chronic lid troubles, even though local measures are being employed. Well diluted, it serves a valuable service as a collyrium in such cass, though I have usually depended upon its systemic or specific effect. Cures of fistula lachrymalis have been reported with it, though I have never had occasion to give the remedy such a trial.

Pulsatilla.—Pulsatilla, in its specific ocular action, affects especially the eyelids, though obscurations and hallucinations of vision may call for it. It differs from rhus tox. in acting best where the conjunctival discharge is thick and yellowish green in character, the catarrh in rhus tox. being less agglutinous. It is a great favorite with some in the stye habit, though I consider rhus tox. its superior. Marginal affections of the lids. with pustules and isolated granulations, have been benefited by it. Differing from rhus tox., it is more often adapted to chronic than acute affections and slower in action.

Rhus Tox.—I use this remedy more frequently than all other eye remedies known to me. In general practice it comes into requisition so frequently as to be a common standby. It is almost invincible in ordinary acute untraumatic conjuctivitis. As an illustration: Less than a year ago while visiting the family of an old and steadfast patron, the father of several children, I was informed that one of the boys had brought a case of pink-eye from school and it had spread to all the children in the family. I had been called for another purpose, for the parent did not suppose that in this day of specialists I could do anything in the eye matter, and had a fortnight before consulted a specialist, who had supplied him with an invincible collyrium, supposed to act promptly and cure every case, but no improvement had followed and discouragement was rampant. All were surprised when I informed them that I believed I could prescribe a remedy which would cure without delay. I was urged to do so and left rhus tox. in appropriate doses. Much satisfaction was expressed later, for marked improvement was manifest in three or four days, and before the end of the week all were well. Much astonishment was expressed that an internal remedy could thus speedily accomplish a cure without local measure.

Rhus speedily removes the stye habit. Rhus has cured it for my cases after years of persistence in a few months. I always speak with confidence when prescribing it for such cases, because it has never failed me. Not long ago a mother called with her little girl, a child of about seven years, with a complication of troubles, among which sore eyes was one of the complaints. A conjunctivitis of several weeks' standing had at length

brought on a small granular growth over the sclerotic, not far from the cornea, the growth being on the conjunctiva. Phytolacca and rhus were prescribed for this, and when the child appeared a fortnight later the eyes were entirely well. The remaining ailments were banished by the later prescription.

Not only does rhus manifest a surprising influence upon the eyes, but the tissues of the face surrounding them respond to its influence. I have cured erysipelatous eczema of the face of years' standing with it, without any local application.

Ear Remedies.—The list I shall offer here is not very extensive, and could probably be much extended by those who have had a wider experience in aural affections. The general practitioner, however, will find it worth study. I will mention aconite, belladonna, calcium sulphide, mercurius, pulsatilla, phytolacca and silica.

Aconite.—Aconite will seldom be used except as an auxiliary. In acute otitis, due to sudden development from exposure, with high inflammatory grade, attended by severe pain, it combines well with pulsatilla to assist in controlling the first stages of the attack. It modifies the severity of the condition and assists the true specific—pulsatilla—in controlling the local inflammation. Under its influence the pain becomes less severe and the inflammatory action less acute.

Belladonna.—Belladonna will be a substitute for aconite where otitis is attended by evident cerebral complication. It exerts little influence except in such cases, and should be combined or alternated with pulsatilla to prove of much satisfaction.

Calcium Sulphide.—This remedy is applicable to suppuration of the middle ear, though not very reliable alone. In alternation with silica, I believe it hurries the cure where the otorrhea is profuse, suggesting breaking down of soft tissue. Involvement of bony structure is beyond its power for much good, but it acts on suppuration of soft parts more speedily than silica, and thus aids the action of that remedy. I would hardly think of depending on it alone.

Mercurius Solubilis.—In subacute otorrhea this agent will sometimes be found of excellent service. When the purulent discharge is mixed with blood, especially if there is nocturnal aggravation of the pain, attenuations of this remedy may be expected to render signal benefit, and even effect a cure. Such cases will be found following scarlatina and measles. After the discharge has continued for a long time we can not expect much from it. The 6 x attenuation, in small doses, at the strongest, should be employed.

Pulsatilla.—This is the stock remedy for all inflammatory diseases of the middle ear. More than that, it relieves pain when inflammation is not marked. It is the specific remedy for that rather common affection among children and some adults—earache. It relieves almost certainly without local application, though a pledget of cotton moistened with the same remedy undoubtedly assists. It is a better application than laudanum, a

very common nostrum among a large run of the profession and an ordinary popular remedy. In acute otitis media, either alone or combined with aconite, belladonna or gelsemium, as indications suggest, it relieves the pain and controls the inflammatory action. Unless the mastoid cells are invaded it is the remedy to tie to throughout. In chronic suppurative otitis it is the remedy for painful aggravations, alternated with silica or calcium sulphide. With this remedy to assist the action of the remedies for suppuration one may feel very confident of managing such cases with the greatest satisfaction, even after most specialists have given very poor service.

Silica.—There is nothing like silica for chronic suppuration of the middle ear. Its continued use will hardly ever fail, if a cure is at all possible, and few cases will resist its action. It is the remedy in all cases of suppuration of bone, as well as of suppuration of the soft parts anywhere, and if it acted only in suppuration of the middle ear it would be a remedy of untold value to the practitioner. In early cases it might be well to alternate it with calcium sulphide, especially if the discharge be profuse and thick, but in long-standing cases it might be as well to depend upon it alone. Of course, one must expect to prolong its use for months in order to affect a cure, but the result will justify faith in it. Painful states of the ear arising from cold may call for the occasional alternation of pulsatilla until the pain ceases, and mastoid complication may call for surgical interference; but so long as suppuration continues the remedy must be persistently administered. The 3 x or 6 x attenuation should be preferred, the 6 x often doing the best service. It is a remedy largely neglected by specialists.

Phytolacca.—Dr. Kent O. Foltz (*Dynamical Therepautics*) referred to this agent under ear remedies as follows: "In hypertrophic non-suppurative otitis media, the internal administration of phytolacca has given good results in my hands; tinnitus has been relieved, and improved hearing has followed. In syphilitic cases also I have had good results from the use of this drug.

Nose and Throat Remedies.—*Aconite.* The specific action of this remedy on the mucous membrane of the throat can be well demonstrated by anyone who will touch the tongue to a vial of specific aconite. It is an excellent auxiliary in all cases of acute inflammation of this part. While a valuable remedy alone in acute inflammation here, it is best to combine it with other remedies, for, though it controls inflammatory action, it is not reparative in its influence. While it does well in controlling inflammation, it does not impart so much of a healing influence as some which combine in therapeutic action with it. It exerts little beneficial influence in chronic inflammation, and we will do best to reserve it for acute cases.

Anemopsis.—While it can hardly be claimed that anemopsis is specific in action, its local influence in catarrhal inflammation of the Schneiderian membrane should be borne in mind. I have had the best of results in

douching the nares with a weak solution of this agent. From ten to twenty drops of the specific medicine to the ounce of water constitutes the strength, the solution being poured into one nostril, while the head is thrown back, and allowed to escape through the nostrils while the throat it closed by the soft palate and the head tipped forward. In chronic cases, where granulations exist, the addition of a minute quantity of thuja assists.

Baryta Carb.—Carbonate of baryta is specifically adapted to tonsillar enlargement with patulous and irritated follicles, often filled with cheesy concretions. This is a condition frequently encountered and seldom benefited by ordinary throat remedies. In some of these cases abscesses may form about the bottoms of the pockets upon slight exposure to drafts and occasion frequent disagreeable complications. The fate of a child thus afflicted is commonly submission to excision or enucleation of the tonsils, but in my experience faithful adherence to small doses of baryta carb., 3 x, will result in a permanent cure without resort to surgical measures. The remedy should be continued for several months and improvement may not be marked at first, but perserverance will bring its reward. I can look back to many cases of this kind thus cured permanently, some of them now being the heads of families, with good and perfect throats. Not long ago the father of two growing children complimented me upon my success in his own case accomplished when he was a boy of fourteen. He is opposed, it is needless to observe, to removal of the tonsils in children.

As a remedy for the abortion of quinsy, baryta carb. is not to be despised. If begun early it will often cut short a threatened attack of this affection. Alternated with kali mur,, in appropriate dosage, I have been well pleased with its action, and it serves alone, between attacks, to fortify the tonsils against the invasion of disease. However, a subject of quinsy seems a tough customer against any precaution in every instance.

Berberis Aquifolium.—This remedy comes in when we have a case of chronic pharyngitis with much catarrhal complication. It is also good to remember in granular or follicular pharyngitis. Its action is slow, but persistence with it will bring satisfactory results in many cases. Even where it is necessary to employ local meaures to destroy granulations or enlarged follicles, the constitutional effect of this remedy is to be desired. It is a restorative to the mucous membranes of the pharynx and upper respiratory passages not to be despised.

Guaiacum.—This is the remedy for painful or aching cases of pharyngitis. It is an age-long remedy for rheumatism, and is supposed to be adapted to cases of pharyngitis in which rheumatic aches involve the throat, but whether it is superior or even equal to phytolacca here is doubtful. It has a reputation also in tonsillitis (acute).

Kali Bichrom.—This remedy is indicated where there is exudation from the mucous membrane of the throat. This may be stringy, tenacious mucus, white and glairy or tinged with blood, or a false membrane. Membranous diphtheria, or croup, with ulceration of the tissues calls for it. It is hardly

a remedy for chronic cases, though syphilitic ulceration might be named as an exception. It is also a valuable remedy in subacute coryza, to follow the action of euphrasia in the earlier stage. I use the 2 x or 3 x trituration.

Mangifera.—This remedy exerts a speedy, soothing influence on the mucous membrane of the throat in pharyngitis when much burning or smarting attends. It is a good running mate with phytolacca, though it acts more quickly to produce a soothing influence, and lacks the property of relieving so readily the muscular pain which attends epidemic cases of follicular tonsillitis. I order the patient to gargle first and then swallow. Of course, in diphtheria the gargle ought not to be swallowed, but in ordinary cases of angina there is no objection. What I desire is the local action combined with the specific action. Many prefer mangifera to phytolacca in all cases, but there are many in which phytolacca is preferable. Minute doses of aconite combine well with mangifera in this use of it, and I usually join the two. I have treated numerous cases of acute sore throat with it in which the patients would afterward call for "that red medicine" when another attack occurred. Its beneficial action is so prompt that it impresses the subject with its importance. Add from one to two drachms of the specific medicine to four ounces of water, using a teaspoonful every hour.

Penthorum.—This was Professor Scudder's favorite remedy in chronic pharyngitis and is probably the most reliable one we possess, though its use must be persevered in a long time in order to get results. I have proven this to my own satisfaction. Probably the most adaptable cases are those of pharyngitis sicca, though it need not be confined to them. It influences the nutritional powers of the pharyngeal mucous membrane—a true restorative. The following extract from Scudder's Specific Medication covers the facts: "It has proven the most certain remedy in pharyngitis that I have ever employed and has given such marked benefit in disease of the superior pharynx, posterior nares and Eustachian tubes that I should not like to treat these cases without it. I have also used it with the spray apparatus in nasal catarrh with most excellent results."

Phytolacca.—Everybody knows about this grand old remedy in throat affections. However, an article of this kind would lack completion without a notice of it. The particular place for this remedy in preference to others is epidemic or seasonal cases of acute follicular tonsillitis. Such cases are attended by marked constitutional disturbance—fever and muscular pain. This does not exclude the remedy from adaptation to all forms of pharyngitis and tonsillitis, for it finds a place in all cases of angina. Enlargement of the lymphatic glands as a complication is also a particular indication for it. It reaches much farther than mangifera as a constitutional remedy, acting on the muscular system and cervical lymphatics. Aconite, I believe, enhances its action in acute cases, and I invariably combine it in instances of the kind.

Neither *baptisia* nor *echinacea* can be considered a throat remedy in a specific sense, except so far as constitutional influence is concerned, yet neither is to be forgotten where sloughy tendency is manifest, and in all cases of angina, echinacea in dilution of one to four or less, constitutes an excellent soothing and healing gargle.

LANE'S KINK OR INTESTINAL STASIS.

FREDERICK MOORE ANDRUS, M.D., LINCOLN, NEB.

We are indebted to Sir Arbuthnot Lane, of the Royal College of Surgeons of England, to make of and bring these conditions to our attention and put on a working foundation. Reports of his work may be found in the *Journal of Surgery, Gynecology and Obstetrics* for May and November, 1913. Other observers have assisted since. Such men as Metchnikoff, and our own men, Murphy, Oschner and the Mayos, also a great many others less prominent. These studies and investigations are, we might say, yet in their infancy. It is with temerity that I attempt a brief discussion of this subject. A number of methods are applied in the diagnosis of these conditions. Lane's original kink, as reported, was that of a dragging of the caput coli with the ascending colon down into the pelvis, the cause being a diseased appendix, and a pulling up of the ileum by the mesentery, giving a kink in the ilium.

The opposite, that of a dragging down of the ileum by inflammatory adhesions to the pelvic wall with an opposite pull of the cecum and colon up, due to a diseased appendix.

More recently Lane lays claim to an abnormality of the intestines that is in any manner productive of an intestinal kink, in any location. Be this as it may, it is sufficient to know that we have a great many abnormalities in the general condition known as intestinal stasis, which is usually produced by some one of a number of causes, namely, first, ptosis, general intestinal, in which all of the abdominal organs are abnormally low, due perhaps to relaxed abdominal walls, hernias, etc.; second, ptosis of the ascending colon and hepatic flexure; third, ptosis of the middle portion of the transverse portion of the colon; fourth, ptosis of the descending portion of the colon with the splenic flexure, causing the many varying conditions of ptosis. An acute angle of the intestine in some portion, thus producing obstruction to the normal lumen and sacculation of a portion, and narrowing stasis of intestinal peristalsis, with its consequent inflammations, adhesions and absorption of toxic materials of the intestinal tract.

According to Lane's theory these conditions are due to human beings assuming the upright position in early life, to our feeding on unsuitable diet, distention and ptosis. The resulting pressure and strain producing evolutionary bands, these bands are practically without blood supply. As a consequence these bands support the intestines in one portion and allow them to sag in another, the result being the angulation or so-called "kink" at the point of support.

The formation of these bands leads to kinking of the intestine at certain points of predilection: First, pylorus; second, duodeno-jejunal juncture; third, different points along the terminal coil of the ileum; fourth, appendix; fifth, hepatic flexure; sixth, splenic flexure; seventh, sigmoid flexure; eighth, rectum. This, as described before, causes the damming back of the intestinal contents, polluting the osmotic secretion, followed by general toxic conditions known as autointoxication.

Symptoms: (1) headache; (2) attacks of nausea followed by retching and vomit; in some cases blood is mixed in the vomitus; (3) loss of appetite; (4) loss of weight; (5) hands and feet extremely cold; (6) mental apathy to an extreme degree, even to suicidal intent; (7) constipation persistent in which treatment had failed to alleviate; (8) a constant foul taste in the mouth, foul breath, carious teeth, tongue constantly furred; (9) attacks of abdominal distention, relieved by eructation of gas or movement of the bowels; (10) general muscular pains and loss of freedom in the movement of joints,

Physical Examination: (1) skin sallow, brownish color, localized patches, especially under the eyes, in the axilla and groin; (2) breast changes, simulating in the early stages chronic mastitis; (3) abdominal tenderness over areas of fixation.

Diagnosis by the symptoms enumerated and by careful radiography with food mixed with barium or bismuth salts.

Treatment.—In a few cases that have entered my service I have been permitted to do surgery and have obtained good results. In one case of the sagging ileum, dissection of the adhesions relieved the kink, another resection and transplantation of the ileum was done with perfect results. In another removal of an adherent appendix relieved.

Medical treatment by the use of pituitrin in fifteen-drop doses every three hours until eighteen doses were given, great precaution being used in watching for any symptoms showing the physiological action of the drug. Pituitrin was used in this case after extensive dissection of adhesions and resulted in complete recovery with the patient back in school inside of three weeks.

The physiological action of pituitrin in one case produced the following symptoms: Pulse rate ranging from 120 to 150 per minute, extreme nervousness, very restless, sighing respirations, headache, slightly increased temperature, some irritation of the bladder. This patient was very susceptible to all drugs. Treatment used was normal saline drip method, adrenalin, and digitalin by hypodermic, with morphine, grain one-eighth, for four doses given three hours apart. In eighteen hours the patient was in normal condition again, and the good effects we procured with the pituitrin in this case excelled the unpleasant ones in the great relief from gas.

DISCUSSION.

Dr. E. B. Shewman: As to this matter of pituitrin. For the past eighteen months or two years we have been observing in our cases of sur-

gery the effects of pituitrin upon shock, and in extreme cases of shock we have had very gratifying results. I do believe, however, it has a wide field in abdominal surgery, especially in those cases where there has been a considerable amount of manipulation of the intestinal canal which produces more or less paralysis. It will prevent this paralysis and consequently produce peristaltic action. I can recall one case in which pituitrin went a long way in aiding the patient to recover from shock.

EYE AFFECTION IN CONGENITAL SYPHILIS.

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Since Hutchinson drew attention to his famous triad of interstitial keratitis, deafness and half-mooned pegged teeth, as pathognomonic of congenital syphilis, the relation of eye affections and congenital syphilis has remained prominently before us. It is the purpose of this paper to review the conditions of a pathological nature that may be the result of syphilis acquired before birth and to point out the importance of these findings to the individual and to his family.

It is difficult to reckon the frequency of eye lesions in this disease, as too often the condition is unrecognized by the general practitioner or the syphilographer; that is, ophthalmological examinations are not made as a routine, and unless the symptoms are gross the condition may be left without consideration. Still states that out of one hundred consecutive cases of congenital syphilitics below the age of twelve, 23 per cent. showed syphilitic disease of the eye, while the figure would probably have been higher had all the cases been subjected to an ophthalmologic examination. The age at which the condition may first make its appearance is very various. It may occur a few days or weeks after birth, or not until adult age is reached.

The conditions most frequently met with may be briefly enumerated. Of greatest importance must be mentioned interstitial keratitis. This does not mean that every case of parenchymatous keratitis spells congenital syphilis, but it is very suggestive and merits the greatest suspicion and investigation. Blepharitis and eczema of the lids may be another manifestation, generally accompanying other skin lesions. Iritis is another very common occurrence, and, as a result of the synechiæ thus formed, the pupil may remain unequal for the rest of life. The media itself may be affected. Vitreous opacities are not infrequent and may go a considerable degree. Cataracts are less characteristic and less common, but do occur as manifestations of this disease. Colobomata are rare and not necessarily of syphilitic origin. Choroiditis and retino-choroiditis in childhood, as a general rule, spell congenital syphilis. These conditions may be very early in their manifestations if not present at the time of birth. As a result of this condition a nystagmus may be produced.

Primary optic atrophy may result occasionally from other conditions, but it may be taken for a working principle that when present it means that the patient is a victim of syphilis in his forbears. Likewise paralysis

of the ocular muscles may cause strabismus, but on account of the great frequency of strabismus from other etiology this offers very little diagnostic importance.

Conditions due to aplasia and agenesia may also refer directly to this disease. Thus, there may be microphthalmia, there may be aplasia of the visual area of the cortex with a resulting blindness that shows no evidence of peripheral disease. Choked disc may be caused by cerebral gumma. Anomalies of the pupillary reflexes, as Argyll-Robertson pupil, may be found in juvenile paresis and juvenile tabes.

It is not our purpose to take up the symptomatology of these conditions. The symptoms are probably well known to you or can be found in any text-book on the subject. Rather would we consider the significance of these conditions from the standpoint of etiology and the meaning to the life and happiness of the individual and the family. The etiological factor in all the syphilitic conditions is the treponema pallidum. Just as in paresis, where for a considerable time the tendency to recognize this as the etiological factor directly in the causation of the disease was hindered by the inability to demonstrate the organism in the tissue, so the inability to find the organism in the cornea in cases of keratitis, or in the optic nerve in cases of optic atrophy, entered to cloud the tissue. Enough evidence, however, has been accumulated to overcome this objection. It is difficult to find the organism in gummatous lesions, so is it very seldom possible to do so on these conditions, still occasionally the treponema has been demonstrated microscopically in the cornea, and inoculation experiments are very successful.

With the inception, then, that in dealing with an eye lesion due to congenital syphilis, we are dealing essentially and primarily with a treponematosis, our whole attitude must be influenced. The case no longer remains a condition of the eye; it takes on the broader view of a generalized infection. It first becomes necessary, then, to substantiate our suspicion that the condition really spells a general syphilitic disease. In cases where the other manifestations of congenital syphilis are marked, this, of course, offers no trouble; that is, where there is the Hutchinsonian triad, or very distinctive family history of abortions, miscarriages and still-births, or where the parent admits infection, the decision is comparatively easy of recognition. In other cases we must have recourse to a Wassermann test of the serum.

This also has a great effect on the method of treatment; with the recognition that the patient is not suffering merely from an eye condition, but instead from a generalized infection, the treatment goes over from a merely local one to a combined general and local. There are two matters to consider in this treatment: First, the effect of this general treatment on the eye condition, and second, the effect generally on the patient. Unfortunately, general antisyphilitic treatment does not have very great effect on most eye conditions. Many ophthalmologists doubt if such treatment does anything for interstitial keratitis. As a result, experimentation has

gone as far as injecting salvarsan into the eye itself. Yet most ophthalmologists and syphilographers feel that general anti-syphilitic treatment has a beneficial effect, and certainly there can be no difference of opinion in regard to the general health of the patient demanding this form of treatment. In a certain number of the cases we are dealing with a severe form of disease. Thus, cases of optic atrophy mean, as a rule, optic tabes, and one may find on investigation of such cases that the cerebro-spinal fluids present the findings as in the acquired tabes dorsalis. Obviously treatment has the same value in these cases as in the acquired type; that is, very little, if any, good result is to be expected.

The chief point is, then, that the recognition of these eye conditions by the ophthalmologist leads to the diagnosis of congenital syphilis, and having confirmed this diagnosis it means that steps should be taken to alleviate and treat the general disease. And there is still another situation to be considered. Knowing that the patient is a congenital syphilitic means in the majority of instances that his brothers and sisters are likewise afflicted, that they also require anti-syphilitic treatment. And how about the children still to be born? Often all our efforts are directed toward attempting to in some way ignore the vision of a mentally defective syphilitic who has at the best but a short span of life ahead, while we forget to take steps to help put the parents in a condition to give birth to normal children by getting them to undergo anti-syphilitis treatment. This may not be in the narrow sense of the word ophthalmology, but in the great sense of service of medicine it redounds to the credit of the ophthalmologist, who, on account of his special training is able to make the diagnosis of congenital syphilis and apply the value of this diagnosis broadly in the cure and prevention of the conditions, both local and congenital.

407-408 Title Ins. Building.

ORTHOPEDIC PATHOLOGY.

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We have no other phase of pathology before us at the present time more for consideration than orthopedic pathology. When attempting an orthopedic or bone case we must first consider the pathology and under which class it comes before we can treat or prognose the case properly. I shall try to classify it under heads so it will cover the entire field of orthopedic and bone surgery.

The first class is pathology of true deformity, produced by the abnormal axis of weight-bearing, position in utero, contraction and relaxation of muscles due to paralysis, etc. In this condition we first have a morbid anatomy where the bones do not articulate properly, the pressure being at the wrong angle. We will soon have a bone deformity. As soon as the bone deformity begins we then have a morbid histology occurring, where we have an aplastic condition at the point of weight-bearing and a hyperplasia at the point of relaxation. In this way we have a permanent

bone and ligamentous deformity. An example of this class of pathology is in club-foot, either congenital or acquired. If allowed to run for any length of time, we will have a deformity of the cuboid, possibly a dislocation of it, and usually distortion of the head of the os calcis.

The second class is pathology due to inflammatory conditions of joints and bones, the etiology of which may be due to pathogenic organisms, as tubercle bacilli, bacillus typhosis, colon bacilli, staphylococcus, etc., particularly the tubercle bacillus. About 75 per cent. of the pathological processes are primary, and the initial foci are in the epiphyseal and the juxta-epiphyseal regions of the bone, occasionally it is the synovial membranes and then it is usually considered secondary.

I wish to speak particularly of the pathology of tubercular arthritis and osteitis. The tubercle bacilli usually locates itself in the cancellous bone in adults; in the cartilage and ossification centers in young individuals, here the inflammation begins. The germs produce just sufficient injury to the tissue to produce a very slow inflammatory process, consequently this is the way we account for the slow and insidious onset of a tubercular inflammation. This area of slow inflammation is met by the body's standing army, the leucocytes and the embryonal connective tissue cells. This constitutes the first line of defense, or the first layer of the tubercle capsule. By virtue of the chemotactic power, this capsule is reinforced by two more similar lines of defense, which, if undisturbed, will produce an adult or old tubercle. If the first capsule is traumatically interfered with it will rupture and allow the tubercular germ to go at large and produce other tubercles. If this capsule is undisturbed the tubercle bacilli are cut off from all source of supply, and consequently they must die in their own excreta and of starvation. Consequently herein lies the principles of fixation treatment of tubercular bone and joint inflammation. If the inflammation spreads through the bone and joint surface, suppuration is the usual result. When this occurs it will evacuate the pus and perhaps considerable of necrotic bone will be exfoliated. Deformity will occur as soon as the connective tissue infiltrates and cicatricial contraction occurs. This then leads up to the third phase of orthopedic pathology.

Which is, pathological bone, callus and cicatricial tissue, which is the result of connective tissue infiltration. I shall also include in this class non-union of fracture and destruction of bone graft. The specific pathology that is indicative of bone graft is first, a complete destruction of the shaft of the bone by a sloughing inflammation wherein the osteogenic layer of the periosteum is so destroyed that no more bone cells can be regenerated; second, where non-union has occurred, due to a deficiency in stimulation of the osteogenic cells, or to the presence of a membrane that may prevent the bridging of the fragment by bone callus and thereby producing a flail joint in the shaft of a bone.

Next to be considered is pathology following bone graft and the ultimate termination of the transplant. The osteoblasts and the osteogenetic

cells of the transplant seem to live for a few days, then they undergo a condition of cloudy swelling and then liquefaction necrosis, then are absorbed by the surrounding circulation. Following this the endosteal cells of the Haversian system liquefy and pass away by the same route, then the cells of the osteogenic layer of the periosteum of the fragments are stimulated to growth and begin to invade the Haversian system of canals, also the medullary canal, osteoblastic lacuna and surround the entire transplant. Following this the old bone is cut away and dissolved by the osteoclasts by the same process that the Haversian system and the medullary canal is in embryonal bone development. By and by the transplant becomes a new bone that is regenerated by the stimulation of the osteogenic layer of the periosteum. Dr. Jones, of Liverpool, England, claims that the endosteal cells of the haversian and the medullary canal have the same regenerative function as those of the osteogenic layer of the periosteum. The main function of the bone graft as stated by Dr. Murphy, of Chicago, is first, to conduct and stimulate osteogenesis; second, to hold the fragment in position; and third, to direct the axis of weight-bearing.

A pathological process remains as such as long as the part is partly functionless, but as soon as the part is completely functionating, then pathology ends and a physiological process begins.

DISCUSSION.

Dr. E. B. Shewman: This orthopedic pathology is an interesting problem, and I do not like to see it pass without discussion. The doctor referred to the tubercle bacilli affecting cancerous conditions of a bone. The tubercle bacilli develop where there is the least resistance, and as cancerous tissue shows the least resistance, consequently we have this in practically every case. It is also true that the tubercle bacilli is held in bones by immobilization until it is practically cured; consequently the application of bone grafts in these orthopedic conditions immobilizes them, ad cause results. Ths is particularly true in Potts disease.

Dr. Young (closing): In tubercular spine Albee's operation is to split the spinal process and insert the bone graft and cause complete immobilization and allow the tubercle to heal. It is always understood in bone tuberculosis that if the tubercle is once formed and is encapsulated it will die, just as if you would shut an individual up in the house, he will die. The same thing is carried out in tuberculosis of the bone. It would be the same in tuberculosis of the lungs if it were possible to absolutely immobilize the lungs, but it is not.

DEVELOPMENT OF INFLAMMATION AND ITS CONTROL.

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Many practitioners are unable to discriminate between the value of an article founded on acts and that of a theoretical one supported by quotations. The Eclectic magazines contain articles of inestimable worth to those who can differentiate subjects which comport with common sense from those of theory. Celsus, of the second century, in giving to the medical profession the four cardinal principles of inflammation as "pain,

heat, redness and swelling," did not tell how it was developed. Dr. L. B. Couch, of New York, claims to have discovered how inflammation develops. He writes, "It is true that the gases play a powerful part in physiology and pathology that no one has yet been able to determine; for instance, *carbon dioxide gas,* which is caused by the burning up of liquidized food products in the blood and tissues by the actions of ferments or enzymes on carbohydrates, produces animal heat and also paresis of blood vessels, and so precipitates inflammatory action. The first stage of all *inflammatory action is stagnation of blood.* CO_2 or H_2,CO_3 is inhaled by 2,500,000 cutaneous pores (the gas). These pores are very minute and are closed by chilling of the skin. Deadly gases are thereby retained in the system so that paresis of blood vessels results and their dilatation and distention is followed by exudations. Coagulation of the blood serum causes catarrhal mucus, tubercules, pneumonia, croupous and diphtheria membranes and pus. "The coagulation of the blood serum also causes the large white kidney, pleuritic and peritoneal exudates, etc., followed naturally by toxic and chemical results. It is easy, therefore, to see how inflammatory actions are brought about from the effect of cold on the skin in producing inflammation."

He explains the different stages of inflammation in a scientific way, as follows: "Pain is caused by evolvement of CO_2 in stagnated and paretic vessels by *ferment action,* and the vessels being paralyzed are unable to contract and renew their circulation with healthly blood. Heat comes from the accumulation of heat units in the stagnated area for like causes. Redness and purplish blood in these inflamed areas comes from the using up of the oxygen in the stagnated areas. Swelling comes from exuding blood serum exudations through the paretic distended blood vessels. Now, anything that *irritates tissues* produces dilatation and distention of blood vessels, and blood serum exudates, clear as crystals, take place, as in blisters. In two or three hours afterwards the clear liquid becomes cloudy and pus forms, which result is ascribed to pus coccus. Can any one explain how the coccus entered in spite of the fact that the gases and lighter blood elements are antagonistic toward an outer entrance and that all the gases have a tendency to escape into the air, from a denser medium to a lighter one, or, in other words, in the line of least resistance?

"Blood then *is an ever-fermenting fluid;* hence, all stagnation of blood from any cause initiates a local fermentation in tissue, and we get tubercles and exudates as a result of coagulation of blood serum. These coagulations become organized, permeated by vessels, and after a while, the local carbon dioxide of CO_2 poisoning continuing, we get a coagulation of the contents of these new blood vessels, and finally, from lack of oxygen, we get a breaking down (a cheesy degeneration of tissues), and abscess and hemorrhage follow.

"Germs are *not* the cause of inflammation phenomena; they are the result or products. No one can show in what manner Koch bacilli *cause*

tubercles, or why cheesy degeneration of tissues takes place as a final product, or *how calcareous* degeneration stops the tubercular inflammation and cures the case. It can readily be seen that by administering lime salts, for which carbonic acid has a tremendous affinity, a soil is furnished for carbonic acid, producing calcaria carbonates, and thus *getting rid of the deadly gas and its acid factor.* Normal circulation then takes place. After this result is obtained the disease is cured."

Physicians who are familiar with pathology will appreciate the value of knowing how inflammation develops, for it is a factor in almost every chronic disease. "Anything that *irritates tissue* produces dilatation and distention of blood vessels." Here is the initiatory factor of stagnated blood, followed by local accumulation of carbonic acid and fermentation of tissue, which precipitates inflammatory action. A knowledge of when and how tissues are irritated is requisite to comprehend the development of inflammation.

Investigators have taken up the study of digestive ferments or enzymes which are defined as catalysts produced by living organism. E. F. Armstrong (1913), thus qualifies the definition given above: "Enzymes are selective colloidal catalysts, present in living cells and destroyed by heat." These investigations are conducted in test tubes with proteid, carbohydrates, and other nutritive elements in a natural state. It is stated that antiseptics pervert chemical reaction of enzymes, and since all nourishment is denatured or blended with preservative antiseptics the importance of these investigations is considerably lessened. If antiseptics retard and pervert enzyme reactions in test tubes they will act the same when reducing nourishment in the stomach.

Foods blended with preservative antiseptics which pervert and retard enzyme reaction or digestion will create irritation. The reparative forces overcome the majority of these irritations resulting from perverted enzyme reactions until the nerves of the alimentary tract acquire hyperesthesia; then the slightest stimulant irritants are conveyed by the afferent nerves to the vaso-motor centers and cause contraction of the whole circulatory system by the efferent nerves. The conveyance of irritations resulting from perverted enzyme reactions by the afferent nerves to the vaso-motor centers, which causes reflex contraction of the circulatory vessels by the efferent nerves, develops a pathologic condition of the capillaries. And whenever the capillaries exhibit only 20 to 30 of 100 per cent. of their normal circulation, it can readily be seen how paresis and stagnation of blood vessels accumulate carbonic acid and by fermentation of tissue develop inflammatory action.

As inflammation is a factor of chronic diseases it is necessary to understand the most important method for controlling it. In view of the fact that anything which irritates tissues causes contraction and resulting cell ptosis, until there is stagnation of blood vessels, and that antiseptics pervert

and retard the action of enzymes, creating irritation, it is imperative to suggest a diet free from antiseptics to overcome paresis of the capillaries, stagnation of blood vessels, and accumulation of carbonic acid, and thus prevent fermentation of tissues, which precipitates inflammation.

PRINCIPLES, PRACTICE AND PROGRESS OF THE ECLECTIC SCHOOL OF MEDICINE.*

A. H. Collins, M.D., Tulsa, Okla.

WHO ARE ECLECTIC PHYSICIANS?

To those who may wish to be enlightened on this subject, I may be permitted to remark that the proper sources of information are not to be found in the tirades of abuse, libels and misrepresentations of its enemies, but rather in the teachings of those who are its exponents. If you wish to ascertain the truth of the Christian religion, you do not ask the infidel; so also, if you desire an explanation of the laws governing the movements of the heavenly bodies, you do not question an ignoramus or an illiterate.

Articles have been written, speeches made and arguments advanced against Eclecticism by intelligent physicians, which never touched the veriest outposts of the Eclectic doctrinal fortifications. Therefore, we can not think it strange that the public is ignorant of them. Taking the dictum of the family physician in regard to the matter, as the physician takes the assertions of his teachers in college, without question or cavil, opinions are formed which are utterly absurd and ridiculously erroneous.

The only true way to study any system of medicine is to test it practically at the bedside in treating the sick. Theorizing is an extremely poor substitute for practical work. "Why," you will exclaim, "our doctor says he is Eclectic in treating the sick; that he makes use of the best remedies taken from any and every source."

Yes, we know all about that. If you are of an investigative turn of mind, the next time you are in your doctor's office, ask him to let you see an Eclectic or Homeopathic work on the practice of medicine. Ten to one he can't do it. The writer has met a goodly number of such old school doctors, who, out of interest, profess to be Eclectic, and as yet he has failed to discover one who possessed Eclectic works in his library.

To answer the questions intelligently, "Who are Eclectic physicians, and what is it that is denominated the Eclectic school of medicine?" it will be necessary to briefly sketch from 1827 to thte present time.

A BRIEF HISTORY OF MEDICINE.

The Eclectic system of medicine had its birth in a popular conviction that the old school system of medicine (call it Allopathic or Regular, if you wish) was erroneous in its principles, unsuccessful, unpleasant and murderous in its practice; in fact, dangerous to the lives and health of those who were compelled to employ it.

One has but for a moment to consider the character of this "regular" practice during the early part of the last century to fully comprehend the *motives* which prompted the principal actors of the Eclectic school in the organization of a new school of medicine.

Disease was looked upon as an entity—a devil, as it were—to be removed by violent means; a state of over-activity, to be reduced by antiphlogistic or tearing-down treatment. Whatever the malady, especially if acute, *every means employed debilitated the patient,* and it was only when the extreme prostration forbade the further employment of these methods —then, and then only—that a stimulant and tonic treatment was adopted. The patient was picked up upon the point of the lancet, carried to the brink of eternity, and then every art made use of to bring him back.

After blood-letting came free purgation, mercury in its different forms, antimony to sicken the stomach and relax the system, blisters, with medicine in large doses to influence the kidneys and skin. They were used in the order named, and as rapidly as possible. The purgative followed on the heels of the lancet, mercury forming a part of it. The calomel was then given for its constitutional influences by combining it with opium; tartar emetic given to sicken the stomach and relax the system and the blister proportionate to the extent of the pain or the size of the part affected.

With such treatment the appetite for food was lost, digestion impaired, and starvation added as a part of the regimen. Mercury and water were thought to be opposed to each other, and, as the first was fully and freely given, the latter was withheld for fear of salivation.

One must need have lived in those days and have seen the sick to realize the terrible character of the regular treatment of this "regular school of medicine." The miserable patients, suffering from disease, were tormented continually by nauseant drugs, by unutterable sickness of the stomach, the torments of physic, the suffering from blisters and the terrible thirst, which, like that of Dives, cried to heaven for relief, but no Lazarus could cross the gulf and give the cup of cold water to moisten the parched tongue. The blisters were drawn, clipped and poulticed, and not infrequently the odor arising from them could be recognized as soon as the door of the house was opened. "For fear of taking cold" patients were unwashed, clothing and bed clothing allowed to become dirty; dirt and bad odors, indeed, were characteristic of the treatment "by authority."

The mortality was large, ranging from 10 to 50 per cent. in the ordinary diseases of the country. So imminent was death under such treatment that many people refused to call the physicians, if it were possible to be avoided, preferring to trust nature and domestic remedies. The increased death rate might have been borne (for the dead are relieved from suffering), but the slow convalescence and the frequency of chronic diseases of the stomach, bowel and liver, following the simple diseases of the country, informed

the people in language that could not be misunderstood that there was a serious wrong in the practice of the day.

The diseases following the treatment were of a character not well mistaken—the loss of teeth, decaying bones, diseases of liver and bowels, mercurial rheumatism, and other affections too numerous to mention. The frequency of these unpleasantnesses added to their already distrust in this practice. Many have witnessed all I have named; many have experienced some of it. To them it is an unpleasant reality.

This constituted the barbaric farce called "scientific medicine," given by the old school to suffering humanity *during the first half of the last century.*

ECLECTIC ORGANIZATION.

The earlier Eclectics were a sturdy class of men. Seeing the wrongs of the medical practice, noting its disastrous results, and knowing the superiority of milder means, they did vigorous battle for what they deemed right and against what they believed a gross wrong. Believing that the "Regular" treatment was killing thousands and wrecking the health of millions, they said so in plain English.

On May 3, 1830, the following was adopted by the "Reform" Medical Society of the United States:

> Resolved, That this society deems it expedient to establish an additional school in some town on the Ohio River, or some of its tributaries, in order that the people of the West may avail themselves of the advantages resulting from a scientific knowledge of botanic medication."

In accordance with the resolution a college was established at Worthington, Ohio, in 1832, under a university charter obtained by Bishop Chase, Prof. T. V. Morrow, being the leading spirit.

"Martyrs are the seed of the church," and the persecutions meted out to pioneers of the Eclectic practice in those early days had much to do with its wonderful growth.

In 1842, this college was removed to Cincinnati, Ohio, and, in 1845, the Eclectic Medical College was chartered in its stead by special act of the Ohio legislature. To-day it stands with few equals, and no superior, in point of wealth and the thorough training it gives its numerous students. It is the oldest Eclectic medical institution of America.

At the organization of the American Medical Association (old school) in May, 1847, quite a respectable minority of progressive, liberty-loving medical men rebelled at being bound, as it were, in medical slavery. They believed the practice of medicine of the day a wrong, and the code of medical laws that they were asked to subscribe to an infamy, and they had the manhood to say so. For doing this they were hounded by ridicule and persecution out from among their former associates.

The year following, in May, 1848, the National Medical Association

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* Prepared for distribution to the laity at the request of the "Committee on Pamphlet Literature" of the National.

(Eclectic) was organized, and immediately proclaimed to the world, and inscribed it upon their banner, that *disease was an impairment of life* and not an entity to be removed by violent and pernicious drugs, but rather by a conservative and supportive treatment. Dame nature should be assisted back to health.

It will be noticed that it required only a year of organized social and professional ostracism, with a concerted effort to establish an Allopathic censorship over medical reformers (as the new school was then called) to make it necessary for the assailed to organize and accept a distinctive name, Eclectic (a word of Greek origin and signifies "I select").

ALLOPATHIC CLAIM TO ECLECTICISM.

There are many persons, who, while admitting of the truth of the above facts, argue that the Eclectic school of medicine has fully accomplished the objects of its organization; that the practice of the "old school" has been modified and changed, and is now altogether different, etc.; that the cause for the existence as a school is no longer present; that all schools are Eclectic in the sense that they choose the best from all sources.

While this is true of the Eclectics, and the progressive wing of the Homeopaths, our old school regular brothers *have made their progress* upon lines "more scientific than practical." With them the pendulum of medical treatment of the sick has swung to the other extreme, disgusted with their poverty-stricken materia medica of the past, they have adopted a policy of "watchful waiting" at the present, combined with ultra scientific laboratory work.

The following extract, taken from the editorial department of a leading "Regular' medical journal of a recent date, will illustrate to the reader how "science is worshiped" to the exclusion of the patient's interest by those who have ever claimed to be the medical salt of the earth. The article is entitled:

"DID YOU EARN IT?

"Take that case of pneumonia. You were called immediately after the occurrence of the chill and had a splendid opportunity to study it throughout its entire course. It was a beautiful case—and the patient was so tractable, a nice young fellow, and lent himself so cheerfully to your studies. How beautifully you elicited all the classic signs—the increased vocal fremitus, the Skodaic resonance, the percussion dullness, the bronchial breathing, bronchophony and pectoriloquy. What an interesting bacterial flora you found in the sputum—the diplococcus, of course. The urinary findings, especially as regards the low percentage of chlorides, were quite interesting and you spent *hours* studying the blood. The leucocyte count was rather low—said to be rather a bad prognostic sign; pity nothing can be done for such a condition.

"' Whats that? Oh, he died. You know we really can do very little in a case of this kind. Of course, I provided a good nurse and give him

oxygen at the last. But it was an extremely interesting case from a scientific point of view. Yes, I made—let me see—about thirty calls; got about $60.00 out of it—enough for a new Abbé condenser.'"

"Did you earn it?

"And that case of typhoid? Sad case wasn't it? Mother in her prime—left three little children. Rather tough on her husband. If ever a case was studied with the *utmost* scientific precision that one was. Widal reaction positive on the eighth day. Diazo showed the changing colors in the urine beautifully. You incised a rose spot and found the bacilli typhosi in large numbers—also in the general circulation a little later. The splenic enlargement was most painstakingly mapped out. Your study of the sulphoconjugate acids was an exceedingly careful one and served as a basis for your paper in the *Journal.*

" 'Treatment—let me see. Well, you see, the Widal was not positive until the eighth day, and there being some uncertainty regarding the diagnosis, I thought it unwise to administer any medicaments. Dieted carefully, of course. You know it is a self-limited disease. After that we gave the Brand baths. Yes, she was rather nervous about them—made too much fuss I thought. Can't say that they did much good; nevertheless, all the authorities now indorse this method. Stools? They were *very* offensive and there seemed to be an unusual amount of tympanites. Possibly this explains the large amount of the sulphoconjugate acids—I shall look into it further. I took in about $150 on the case—bought the wife a new diamond ring.'

"Did you earn it? God forgive the scientific do-nothing—we can't."

This outburst of truth coming from a medical editor who stands high in the "councils of their faith," whose membership is numbered by many thousands, is very significant and full of serious meaning. What he so aptly said of pneumonia and typhoid fever applies with equal force to all others. For be it known, they *diagnose for a name* to tag the malady with, while we *diagnose for a curative treatment,* believing that the patient and friends are more interested in a *cure* than the results of an *extended* laboratory analysis of the case, *which takes valuable time,* better devoted to medical treatment of the patient.

SPECIFIC MEDICATION FOUNDED UPON SPECIFIC DIAGNOSIS

As taught and practiced by the Eclectic school is a great advance and improvement over their practice of fifty years ago, and is as much ahead of the old school now as it was then. The early Eclectics were content in their efforts to abate the evil practices of the old school physic, and accomplished this. They trusted to their successors the developments that have since been made.

Eclectics give a remedy because it is indicated by *certain well-known symptoms. They have studied the remedies of each school with reference to this matter*—all that has been written for the past two hundred years,

and they have carefully noted the cases where the remedy acted well, and where the symptoms were named. These experiments have been made to determine the "specific" or positive relationship of symptoms with the curative action of medicine, until at last the *indications* for its uses during the treatment of any given case of disease were defined. The entirety of specific medication has been built upon this. Chosen in this way, the action of a given remedy can be predicted and is entirely satisfactory in practice.

THE DIFFERENCE.

A remedy selected by this law becomes a powerful help to nature in her work of restoration and never reacts against the patient. The sick organ or part is simply helped back into a condition of health—medicine doesn't overshoot and hit the patient.

CLOSE WORK.

The Eclectic practice of medicine is no child's play. There is no routine about it. We treat diseases *not according to their names, but according to their nature.* The study of specific medication (based upon the law of choosing) for well-defined pathological or diseased conditions requires continual work, investigation and study. A man with a thimbleful of brains and *no education* may disgrace Eclecticism, but he can never practice it. Thus guided in the selection of his remedies, the Eclectic is not obliged to resort to "shotgun" practice in combining six to a dozen nauseous drugs in one prescription, but rather applies his remedies singly or in simple combination direct to the diseased part.

QUALITY, NOT QUANTITY.

The quantity of any medicine determines merely the intensity of the quality. The great thing is to get the right medicine in the right place. If we have not the right medicine, an increase of quantity will only make matters worse.

Some people will take a few doses of medicine from an Eclectic, and if it don't cure at once, they think there is nothing in it. But they will take *large doses of strong, poisonous drugs and serums,* week after week, and, though they do not improve, they think it is all right because the medicine has a big bulk and a powerful taste. They think it is doing something. Well, so do we. It oftentimes gives the undertaker a job. Sudden deaths from *so-called heart failures* are entirely too common; there is a cause.

When a patient dies under our treatment—for the windowless chamber of death is the destiny of all—it is never because he didn't have medicine enough, but because the recuperative powers of nature were not sufficient to repair the damage done the system by disease. Medicines can only assist in a cure.

IMPROVED MEDICINES.

The early Eclectics administered the various remedies principally in the form of infusions (*i. e.,* teas and powders), but with the constant investigation and progress of the Eclectic school came an improvement in the

quality of the remedies used. With them the dirty, trashy, unreliable black tinctures and so-called fluid extracts that are in such common use by the old school at the present time to us are memories of the very distant past. They may be good enough for the "regular" doctor but to an Eclectic, who only appreciates the best, they are worthless. We use not only the granules, alkaloids, tablets, serums and vaccines, etc., manufactured by the leading chemists with established reputations in these lines, but also those *peculiar to the Eclectic school.*

A class of remedies termed "specific medicines," made from the fresh prime drug gathered in its proper season, free from dirt, and as entirely free from coloring matter as possible, prepared with thet greatest care by carefully established processes *regardless of expense,* are the preparations Being pure, their actions are positive, being concentrated, the dose is small and not so unpleasant to the patient.

DISPENSING MEDICINE.

The Eclectic holds that it is much better practice for the physician to largely dispense his own remedies at the time when they are needed. *There is greater certainty that the remedies are good,* less liability to mistakes, less trouble to the person or family, besides the saving of valuable time.

CALOMEL.

The extravagant use of this poison was one of the great evils that the Eclectics turned their attention to and opposed so bitterly. It is the abuse that Eclectics object to rather than the use of the drug.

Mercury, in its various forms, is used by all schools at the present day, although, through the untiring efforts of Eclectics, the method of its administration has been so modified that the harm resulting from its use is not so great as in former years.

ECLECTIC TREATMENT.

Our treatment is seldom unpleasant. It is not a fight with the little folks to compel them to take it, and a wry mouth with the big ones. *Ours is safe,* never followed by bad results. As the Irishman said, our medicines don't "keep the patient sick four weeks after he has got well." Old school treatment is unsafe, and frequently followed by painful and otherwise distressing consequences. Ours cures more quickly, because we relieve the diseased part direct, without affecting other organs. Theirs cures less quickly, because, owing to drug complications, it many times takes their patients as long to recover from their treatment as it does from the disease. Ours cures more surely, because, by treating the sick part directly without assaulting the physiological integrity of the healthy parts, "we husband all the life forces." Theirs cures less surely, because of the mass of medicine given having indirect action, resulting many times in the establishment of "drug diseases" in healthy parts, for a drug disease uses up as much life force as any other of the same extent.

One of our recent writers very aptly remarked: "It may be unkind,

though it is just, to remark that the Allopathic school has been fifty years in reaching some of the vantage points taken up by the founders of the Eclectic school of medicine, and at the present pace they will yet be many years in reaching others.

"It is no uncommon occurrence for 'Regular' medical journals at the present time to herald the discovery of a drug as possessing superior powers over certain conditions, while the same drug has been used for like conditions by the Eclectic school for a quarter or half a century.

"Eclectics have ever been progressive in their methods, and, as a result, there are as great differences between the schools now as fifty years ago.

"*As a school we do not profess to be superior in all departments of medicine, but in the domain of medical treatment we do profess to stand supreme.* All are agreed that this is the most important and the one to which all others are subservient. *We do not refuse to accept* whatever all others have discovered that is valuable, and in this way we enjoy an advantage which the old school waive by their refusal to accept the results of our observation."

PRESENT STATUS OF ECLECTICISM—HOSPITAL STATISTICS.

When it comes to a comparison of the records of hospitals and treatment of epidemic diseases, the Eclectic school of medicine makes a very favorable showing. It cures more cases than the old school. Eclectics have proportionate control in some hospitals of the North and East, and their students have equal advantages with all others. The results of their treatment in curable cases has been entirely satisfactory; throughout it shows a lower death rate for the Eclectic practice.

ECLECTIC INSTITUTIONS OF LEARNING.

There are at the present time eight colleges and universities regularly chartered by the States wherein they are situated, and recognized by the National Eclectic Medical Association as being of good standing. The advantages possessed by these colleges for thorough medical training are fully equal to any in the land.

GOOD COMPANY.

The Eclectic practice is patronized mostly by that class of people who read, observe and think for themselves. In the north, east and west, where Eclectics are numerous and long established, a majority of the educated and most prominent people employ Eclectic physicians. The lower classes of society generally employ that class of doctors who give something so strong that two or three doses turn the patient inside out, or they will think "nothing is being done." The greater the ignorance of the patient, the louder his demand for "strong" medicine when sick.

SCHOOLS OF MEDICINE.

There are three regular schools of medicine, the Allopathic, Eclectic and Homeopathic. They all study the same anatomy, physiology, chemistry, pathological anatomy, and microscopy, pursuing a regular course in each.

In obstetrics and surgery they differ only in medical treatment. Let this fact be placed prominently before you—that in all the departments of medicine the three schools are alike, save in the important branch of medical treament. One school is just as regular as the other. The absurd position taken by the members of the Allopathic or old school of medicine, that they are the only "Simon pure' and regular article in the market; that all outside their camps are ignoramuses, is too ridiculous to receive a moment's consideration from an intelligent person.

HOMEOPATHY.

Eclecticism extends the right hand of friendship to Homeopathy, and accepts all it has positively shown to have proven of value in the treatment of the sick, giving the credit where it belongs. Eclectics have reaped a valued harvest from the investigations of this medical school, which they have added to their own therapeutic wealth. In return, Homeopathy is indebted to the Eclectic school for the discovery and proving of many new and important remedies, chiefly from the indigenous medical plants of this country.

Homeopathy is a divided household. One-fourth of its followers give medicine in doses so small it would be very difficult to convince anyone as to its having an effect at all. The remaining portion buy Eclectic literature, patronize Eclectic chemists, and give their remedies in appreciable doses, studying the relationship of drug action to diseased conditions and with the exception of name and the minor details of theory as to "the why" of curative action of medicines, are, to all intents and purposes, Eclectic physicians.

And, again, the Eclectic school of medicine is non-sectarian in the fullest sense of the word. None more so "prove all things and hold fast that which is good" has been a cardinal principle with it from the very first, and "physician" (unlimited) applies with equal truth and force at the present time to each and every member. No educated medical gentleman is barred from a respectful hearing either at the bedside, in consultation or upon convention floor, in the free expression of his views. We are liberal and are willing "to give and take." Eclectics and Homeopaths are oftentimes found thus working together for the general good of their patients, for they both hold many views in common, both treating disease not by name, but specific conditions as they find them in each separate and distinct case, and their excellent success in the *cure of the sick* fully justifies their well-founded belief.

No two human beings are exactly alike, and the exception emphatically proves the rule. The idea that disease and man are subjec tto the exact laws that govern in chemistry is not true, nor never can be, from the very nature of things, at least not in this world. If, then, every human being is a distinct entity, it follows that each one when ill must be treated in all respects according to his individuality. To attempt to lump them and

their disorders under any given disease name for treatment, as our "Regular" old school friends do, is not only unscientific but absolutely confusing, thereby leading to an unsuccessful treatment.

PROGRESS OF ECLECTICISM.

Born less than a century ago, by a growth before unparalleled in the history of medicine, it has from its infant state developed into its present proportions. Never before has there occurred in the medical world so radical a change in the method of combating disease. Based upon demonstrated facts and not experimental theories, it has advanced and spread wherever education and intelligence predominate over illiteracy and dogmatism. Founded as it is, upon a law of nature and organic life, it will continue to make progress over all opposition. Being indigenous to American soil, it recognizes no monarchs and no serfs in the realm of intellect. Desiring the common good of humanity as its highest aim, it builds no barriers through which afflicted mankind may not profit by the combined resources of *all the medical world.*

The code of medical laws by which it is governed is as broad and kind as philanthropy itself. With its regularly organized and chartered colleges, its numerous journals and other periodic literature, its 10,000 practitioners and millions of patrons, its national association, its State societies all over this union and its medical works upon practice, teaching the most innermost points concerning a medical system which is exerting a liberalizing influence upon the whole medical world to-day—a system that is too broad for the partisan, too generous for the bigot, the Eclectic school of medicine will continue, as it has in the past, its efforts in this field.

"While the grass grows and the rivers run to the sea, Eclecticism, or *The American Practice of Medicine,* will be perpetuated."

THE RELATION OF SURGERY TO CHRONIC DISEASES.

G. H. Stagner, M.D., Guthrie, Okla.

In discussion of the subject assigned me, I shall ask you to allow me not to quote any authority whatever to support the position I am going to assume in this short treatise. Neither shall I presume to decree that my observations are the "ne plus ultra," but I shall only ask a fair hearing and an impartial verdict after the evidence has been weighed. The reason I state that no authority shall be quoted is because I do not recognize any as absolute authority. I personally can not conceive the idea of that which some designate as authority. You and I know that so-called authority is shifting as the sands of the seas, and this point I am sure will be conceded without argument. Then I feel absolutely free when I submit for your consideration my personal deductions, after a number of years of observation in general medical and surgical practice.

In discussing the "Relation of Surgery to Chronic Diseases," I think a short review of the definition of chronic diseases should be here con-

sidered, in order that we may again refresh our memories. Now, using our own definition, I think you will agree that any pathological state that has existed for a continued period of time is a chronic ailment. So I wish here to state that in my opinion most all, in fact all, acute diseases are physiological conditions and are not pathological states; and that chronic diseases are pathological conditions as well as disturbed physiological states. There, however, may be a few exceptions to this rule, as in acute appendicitis we have both a disturbed physiological function as well as a pathological state, especially when the case assumes a suppurative stage, when, in reality, it is not an acute ailment, but has become subacute or chronic. There are other possible exceptions if we care to raise them, but I only care to call attention to the broader application in this article of "Surgical Treatment in Chronic Diseases."

Continued functional disturbance will result in a pathologic state of the tissue involved and the pathogenesis thus brought about will usually, through the reflexes, produce other disturbed physiological function; for instance, a catarrhal cholecystitis will disturb the function of the gall-bladder, and frequently results in gall-stones being formed in the gall-bladder, which may in turn plug the ducts of the gall-bladder and cause a jaundice. It will also produce an acute attack of indigestion, with reflex pain under the shoulder, in the neck or head. Here we may palliate by using the indicated remedy; but with a pathogenesis which has caused the shedding of the epithelial membrane and stone formation, how can we expect a permanent cure? Then why not drainage of the gall-bladder and removal of the stones, which would clear away the debris so that a recovery would be possible?

So many people come to the doctor and say, "I have had an awful bad stomach for years, and want something for it." Now, there is no doubt about it being a chronic ailment, because he has had the ailment for months, and possibly years. The phrase "stomach trouble," like the mantel of charity, covers a multitude of ailments among the laity, and, I fear, too often among the profession. I do not take a patient's statements seriously because frequently they are misleading. I simply make the patient a witness in their own case and get what I want out of them that will give me the proper light on the case. And this can be done along well-defined specific clinical lines of diagnosis. Now, what are some of the conditions found in this class of cases? Let us name some of the most common, gastric, pyloric and duodenal ulcer, dilated stomach, pyloric spasm and gall-bladder infection, when the disturbance is actually in the stomach; but frequently there is a diseased appendix, with its adhesive bands covering portions of the intestinal mucosa that may be the real seat of the trouble, and the "stomach trouble" is only a reflex phenomena. Now, how about the treatment? Is it not a chronic case requiring surgical procedure, or would you continue to treat it medically and expect to obtain permanent results? Do not think that the connective tissue which forms

these adhesive bands will be absorbed and the unrestricted peristalsis restored. It would be an absolute physical impossibility for this re-absorption to be accomplished by any known medical treatment. I think, under this class of chronic conditions, it surely would only be a very temporary relief from medicine alone. In my hands these cases are first operative, to remove mechanical and pathological states and then treated medically, and dietetically to restore the physiological functions. I do not underestimate the wisdom of the cells in their constructive and reconstructive work, in the bodily economy, but if these builders of the body are to do their work well, the "mountains," pathologic and mechanical barriers, should be removed. I think this position most as logical as that of the civil engineer who seeks to bring about a near physical level when he bridges a chasm, levels a hill or tunnels a mountain, so that a conservation of power may be obtained and the destination more quickly reached.

The question of cures in chronic cases by medicinal means alone can not be denied, and it is not my intention to decry the correct medical treatment of any and all chronic diseases, but I do want to emphasize that to give specific treatment in chronic disease one must first specifically diagnose whether it is a strictly surgical case, a strictly medical case, or a mixed surgical and medical case. Then when these points have been definitely settled, our work is half done.

Now, I want to call attention briefly to another class of cases, "female diseases," whatever that term may signify. They come to us with all kinds of stories of aches and pains, which may be anywhere from the crown of their head to the tip of the toes. Often they exaggerate their symptoms and frequently suppress real pain, which is sometimes very hard to differentiate as to which we have to deal with, a chronic, psychic, or physical case. This class is the hardest to correctly diagnose of all chronic sufferers, because we can so easily overlook the cause, even of physical disturbances, and fail to properly treat the case. But how are we going to treat a case of prolapsus uteri, the lacerated perineum and cervix, the prolapsed ovary, the retroverted, flexed and displaced uterus, the ovarian cysts and many other common chronic states peculiar to women?

I wish to make this statement, that it would be better for a lacerated cervix never to heal than for the doctor to heal it over by any form of escharotic treatment, as here is where we often get the reflex disturbance that leads to mental unbalance, while a lacerated perineum, either with scar formation or improper repair shows its reflex disturbance in the mammary glands, and thus, disturbance of cell metabolism and physiological function results in pathogenesis of tissue. So, in conclusion, I make this appeal that we renew our technique of making examination of cases, that we let no preconceived ideas or prejudices obscure our vision. Let us go into every detail of the case clinically, chemically, and confirm or

deny, by laboratory methods and by other methods at our command, and get a correct understanding of the case before beginning to treat it.

Let us be fair and considerate with the surgical aspect of our chronic cases and give the indicated line of treatment, be it surgical to correct mechanical abberration, or pathologic states, medicinal to assist the "vis medicatrix naturae" to regain physiologic balance, or the other adjuncts, such as osteopathy, massage, baths or electricity.

For your consideration I have briefly called attention to a few points, that we may more fully and favorably consider "The Surgical Treatment of Chronic Diseases."

Stating that despite the large use of hypnotics in medicine, but few cases of poisoning are recorded, Dr. A. S. Tepper reports two cases in his recent practice coming within three months of each other. In the first case, that of a child, 40 grains of veronal were taken at one dose, while in the second case, that of an adult, approximately 100 grains of monobromated camphor had been taken in the course of twenty-four hours.

In the veronal case, enemas of coffee, hypodermic injections of strychnine and mechanical stimuli were administered; while in the other case, the patient was permitted to sleep off the effects of the drug. Recovery followed in both cases.—Druggists Circular.

The appearance of cancerous supra-clavicular lymph nodes after a breast amputation does not necessarily condemn the case as hopeless. The removal of these glands and active X-ray treatment may effect a cure even at this stage, or, at any rate, postpone for a long time the development of further trouble.—American Journal of Surgery.

Specifics.—Do not deride the hope of our fathers in medicine that a specific might be found for every disase. It is a laudable, practical, humanitarian aim. Neither is it a mere chimera. We have made substantial progress toward its realization. In many instances there is scientific foundation for regarding a remedy as specific for a given pathologic process. In many others there is sound reason to hope for further developments. The fact that a given substance may be efficacious in more than one condition does not alter its value, although it indicates a modification of the original theory. Neither does the fact that 100 per cent. of efficiency has never been attained and probably never will be attained, interfere with the practical usefulness of a definite remedy of choice in a definite condition. A good deal of the pessimism regarding specifics has been due, not so much to the failure of the remedy as to lack of specificity of the disease names in common use. There never will be a specific for angina or pneumonia or rheumatism or dyspepsia, but there already are a good many remedies that are, according to a reasonable definition, specific for various pathologic conditions accurately distinguished in nature and correctly diagnosed.—*Editorial in Buffalo Med. Journal,* November, 1915.

The National Eclectic Medical Association

QUARTERLY

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VOLUME VII. CINCINNATI, MARCH, 1916. No. 3.

SPECIFICS.

The address by Dr. Pritchett at the dedication of the new hospital in Cincinnati in which he charged Eclectics with seeking a remedy for each nosological disease reveals plainly that he is ignorant of the teachings of Eclecticism. This charge is frequently made, and it is ample evidence that those who pose as mentors of medicine and critics of the profession at large do not always make themselves familiar with the facts. They are as fallible as we smaller fry. In the same address he states that specifics for diseases will never be found. This is the teaching of Eclecticism and has been for seventy-five or more years. Homeopathy and Eclecticism both teach that the remedy is selected for the condition or expression existing, not the combination of conditions by which the disease is named; consequently these conditions would call for the same remedy no matter what the named disease. It is the regular school which is seeking for the single remedy for the named disease, and the remedy is given for that disease no matter what may be the expression of that disease. Clinicians have learned that diseases frequently vary in their symptomatology, and hence call for a varied treatment. The vaccines, bacterins, phylacogens and serums all exhibit the fact that they are seeking the single remedy for the combination of conditions to which we apply a name. All students of Eclecticism, or all who have given the slightest attention to the teachings of Eclecticism, know that it is contrary to its principles.

In support of our contention we copy from an address recently delivered at the opening of a medical school. The speaker said: "When confronted by a case of disease he will attack it, not as he may have attacked a hundred other cases of the disease before, for no two cases are wholly alike. Nature never copies her works exactly." This aptly expresses the

position of Eclecticism. The disease must be treated as it presents itself, not in accordance with its accepted nomenclature.

An attack by a pharmacist made before a medical meeting in Kentucky upon specifics also shows the same spirit of animosity and lack of familiarity with the subject upon which he was talking. Just what he was attempting to prove it would be hard to say. The only fact evident in his address was that he attempted to vent his spleen upon many proprietaries and belittle the profession of medicine. The most prominent feature of his address to me was a lack of taste. An invited guest has no business to insult his host.

I copy again from an editorial, entitled "Medical Gamut": "Among the vagaries that still cumber medical progress there is none more absurd and baseless than that of 'specific medication.' * * * It has, however, a firm hold on the popular mind, being a popular conception of medicine that there is a specific remedy for every disease." The writer is wrong again. Eclecticism *never* taught such a thing, and the writer could convince himself in a half hour if he would. It is only allopathy that is attempting to do so. There is no ignorance so dense as that which is so purposely. Specific medication is closer to being a scientific fact than all the modern ideas of therapeutics held by our whilom friends. An experience of a third of a century has caused me to see a good many "fallacies," "fads" and "fancies" and "cruel humbugs" pass out of existence that our friends would like to forget. M.

"GRIPPE."

We have all been engaged with the severe epidemic of "grippe," which has recently spent its force over our country. In some localities in the East the unusual number of deaths from pneumonia during the month of December and January have been attributed to its prevalence. The fatality in my own community has been nil. Not so in the epidemic of 1889 and 1890. The complications then were more numerous and varied in my own experience.

In reading an article on "The Cause and Treatment of the Present Epidemic of Grippe," the thought occurred to me, might not the mortality be due in some measure to the treatment employed? The drugs advised are all depressing and dangerous if pushed. We note no change from those advocated in 1889 and 1890. Among them we note aspirin, acetanilid, antipyrin and acetophenetidin. None of these drugs, the author says, should be long continued, as they are depressing. Owing to their depressing effect care should be exercised in regulating the dosage. The query arises, why give them at all? We possess more efficient and safer remedies. We can recall cases seen in consultation in the epidemic of 1890 cyanotic from the dosage of antipyrin and antifebrin. The query comes to me, is not the large mortality from pneumonia due to the indiscriminate use of these de-

pressants? We fully realize that pneumonia on the Atlantic Coast, along the Great Lakes and in high altitudes is far more fatal than in the Great Plains and lower altitudes, yet we can not help but feel that a portion of the mortality is due to the medication employed. The employment of drugs simply because they possess poisonous effects upon animals and on the dictum of authority, whose experience is gained solely in the laboratory, is wrong. Each one's experience should be his authority. In other words, our own experience should be our guide and authority. I am positive that under Eclectic medication grippe has neither been attended with numerous complications or the large mortality reported in the papers and journals. A knowledge of the positive and kindly effects of aconite, asclepias, bryonia, collinsonia, gelsemium, macrotys, phytolacca and rhus tox. will rob grippe of its terrors and fatality. M.

CONVULSIONS IN CHILDREN.

The *Journal of the American Medical Association* for January 22, 1916, under "Therapeutics," contains an article on "Convulsions of Young Children." It appears to me from an experience of a third of a century with children, the first clause contains a statement which is misleading, if not absolutely wrong. We can not believe that a neurotic or an epileptic history or a mentally unbalanced state in the parents is common as an etiologic factor in convulsions in young children. Yet whilst we doubt the above statement as an etiologic factor, especially so in the type termed by the author as spasmophilic, which type was formely styled as "reflex," it is the treatment to which exception is principally taken. From a long experience we seriously doubt the wisdom of administering to a child suffering with spasmophilic convulsion a hypodermic of morphine. Children do not bear morphine well, and it is absolutely unnecessary when we possess agents that are much safer and more reliable. Gastro-intestinal disturbances, as the author says, are the most frequent exciting cause of convulsions in children. Granted, then, why not as a routine measure empty the gastro-intestinal tract by a high enema, and, if possible, a mild purgative as well? Then gelsemium, given internally, will do more than sodium bromide or acetanalid. Should the convulsions be so severe that it is impossible to give remedies by mouth, chloral used by rectum, after the enema has been used, is safer and better than morphine. Our own experience does not lead me to believe that these patients later in life are likely to have high fever from the least infection, neither that they are neurotic, high strung and irritable as children.

With that portion of the article relating to terminal convulsions and epilepsy we fully agree. The author is long on his pathology but short on his therapeutics. Were he familiar with the action of gelsemium, rhus tox., aconite and other remedies we might mention, he would not need to resort to morphine or acetanilid. M.

ETHICAL ADVERTISING.

A recent issue of the *Journal of the American Medical Association* contains an article severely criticizing an ex-teacher of Cornell for publishing a so-called cure for cancer. *The Lancet-Clinic* recently published an editorial entitled, "Quackery in High Places," which is based upon the same incident.

The writer is in sympathy with the views of both writers referred to above, for it is certainly a reprehensible offense to offer a positive cure for an incurable disease, especially so when the cure purports to come from an institution in high favor and standing.

Reprehensible as it is, there is yet a large amount of side-stepping in the matter of advertising still going on, even by those presumed to be highly ethical. The daily press of the past two days contains nearly a column and a half of bosh, detailing the unfortunate condition of a newborn babe and the comments of ethical doctors on its future. It is highly sensational and is heralded in large type in all the cosmopolitan papers. Cheap advertising is the most that can be made of it. There are but few doctors who have enjoyed an obstetrical practice of any degree, but who have met with similar cases, yet it was not heralded in the press, nor is it necessary. It is both unnecessary and cruel to thus parade the misfortunes of the human being, neither are such conditions so rare that such wide and vulgar publicity should be given to this one. It is another way to advertise.

This newspaper advertising is not rare nor unknown among those in high places. It is not so ancient but what one can easily recall the interviews on radium and its effects on cancer; of the polyglandular serum of another professor in the East. Nor of the wide publicity given certain surgeons in the colored supplements of city papers and certain popular magazines. Interviews with others are so common upon nearly every medical topic that they pass without comment, and the laudations showered upon another physician in connection with the building of a certain hospital is so profuse as to be actually nauseating and disgusting. When reading or listening to them we wonder where the taxpayers of the city come in. We do not intend to offer any apology for the teacher and his cancer cure, but we do believe that "what is sauce for the goose is sauce for the gander," and the mill of the gods should grind, and the mentors of the ethics of the profession should apply their castigations to those higher up, as well as to the lowly. M.

QUACKERY.

"Heubner describes the German Council founded in 1911 for a purpose similar to that of the Council of the A. M. A., but he laments that the work of the commission has met with so much passive or active resistance in and outside of the profession that the results accomplished to date do not repay in the remotest manner the efforts expended. The generals alone can not win a battle, he declares; when the troops hang back or go the

other way there is not much hope for a victory. He draws an impressive picture of the evils which the present intolerable conditions have bred.

"Puckner describes the work and aims of the Council on Pharmacy and Chemistry of the A. M. A., and relates what it has accomplished in this country and suggests how a similar work might be successfully carried on under the conditions prevailing in Germany."—*Kentucky Medical Journal,* August 15, 1914.

There is no doubt but what the council has done much good in this country by its crusade against patent and proprietary remedies, but it is doubtful if the profession at large accepts their ruling as the final word in therapeutics. They have transcended their authority and have set themselves up as the final word or arbiter in all things therapeutic.

We have been led to believe that all things medical in Germany were ideal and should be adopted by this country, but from the above quotation we would infer that the medical profession enjoys a wider range of freedom than in this country. Even quackery is more rampant. A letter from an English physician just at hand informs me that the medical profession enjoys considerable more freedom and is less hampered and harassed by medical legislation in England and Canada than in this country. Our government is becoming too paternalistic. Whilst I do not look with favor upon quackery or humbuggery of any description, I feel that the profession is hampered with too much legislation. Some sense of honesty, decency and regard for the rights of the people ought to be displayed by our legislators, and less greed, dishonesty, politics and graft. The acts of our legislatures are absolutely appalling. Elected to legislate for the common good, class legislation of the rankest description is enacted. Party partizanship is practiced and plans laid to perpetuate the party in power. Manhood and honesty is thrown to the winds. But I have digressed. To illustrate the condition of medicine abroad, where we are assured by our medical politicians everything is lovely, we copy a clipping from another journal which gives us another view of the picture. Personally, I have no patience with the attempt to Germanize or Anglicize our educational institutions nor with the aping of everything which comes from across the water. The German pharmacists have shown themselves to be astute advertisers and successful tradesmen and work us beautifully by reason of our credulity. Can you imagine anything worse in our own belittled professional circles than this clipping?

"Restrictions as to Advertising of Proprietaries.—The military authorities in the State of Hanover have issued a decree along much the same lines as our Pure Food and Drugs Act, so far as the advertising is concerned. Our exchange quotes the decree with approval and then also asks why such a decree is promulgated and enforced only while the State is under martial law. Each of the provisions, it emphasizes, is fully as much to the advantage of the public health during peace as during war times.

"The Manufacturing Chemists and the Medical Profession.—Two advertisements which recently appeared in German newspapers are reproduced with the comment that they afford opportunity for congratulating the medical profession anew on the high opinion held by the manufacturing chemists of professional honor among physicians.

"The first reads: "Physician Wanted—A remunerative and convenient country practice with sickness insurance societies is open in southern Hannover for immediate possession to young physician who gives the preference to the original preparation of manufacturing chemists.' * * *

"The second reads: 'Physician Wanted—What physician, one with the title of professor preferred, will father a new pharmaceutical tested by physicians with good results?' * * *

"Our exchange remarks that the fact that such demands can be publicly voiced suggests that there are in our ranks some black sheep who will stoop to dally with the sordid writers of the first advertisement, or father the child in the foisting procedure aimed at in the other."—*Journal of A. M. A.*

I believe our own profession is as pure, ethical and as honest as any abroad. M.

REPRINTS.

We desire to again call the attention of our contributors to the fact that reprints will be furnished at cost price, provided the author indicates the desire by noting the fact on his manuscript or before the article appears in print. The cost naturally depends upon the number of pages and whether the article is illustrated.

We also desire to call the attention of our readers to Dr. Collins' article which appears in this issue. This is written for the laity and prospective medical students and not for physicians primarily. Copies of this article can be furnished for distribution at $1.00 per hundred, prepaid. We would emphasize the need of physicians placing this article in the hands of their patrons as a means of making the laity acquainted with Eclecticism and its principles.

THE 1916 MEETING.

Preparations are being made for the next meeting of the National Association at Cedar Point, in June, 1916. The dates reserved are June 19 to 23, inclusive. The Ohio society meets at the same place the day preceding the National, and will also hold a session some time on Tuesday. The Ohio officers are working as a unit to make the stay of the National in Ohio pleasant and profitable.

Cedar Point is an ideal place for a meeting, and is very popular with many Ohio associations, such as the Ohio Teachers, Ohio Bankers, and, by no means least, the State legislature usually holds a summer session there. The following are the rates offered: $1.00 per day, each person, two

in a room; $1.50 per day single; for the best rooms, $1.50 per day, each person, two in a room; $2.00 per day, single; room with bath, $2.00 per day, each person, two in a rom; $3.00 per day, single.

Several concessions are offered free by the hotel management to make the meeting enjoyable. Correspondence indicates a larger gathering in June. Begin to make your arrangements now.

WHEN ARE WE GOING TO WAKE UP?

That war is a terrible thing no one can deny. Sherman's definition of it is really mild considering the after-effects and the imprint it leaves upon the future generation. By this I do not mean the economic conditions. I am not considering the purely material conditions. I am not considering the retrogressive chaos into which most countries are thrown after wars. I am not considering ruined commerce, ruined hopes, shattered lives, aspirations and the misery of thousands and thousands of individuals. I am considering the psychology, insanity and the crimes, as it affects the warring nations, after the struggle is all over.

In 1870, after the last Franco-Prussian war, the number of epileptics and criminals increased byond all proportions in both of these countries. This same increase was also noticed in the number of the insane.

In conjunction with this we must not overlook the fact that when the children of th fathers who were imbued with certain instincts during the war of 1870 became of age in 1889, the increase in crime and in insanity was remarkable.

When we stop to consider the present war with its increased measures for destruction of human life, its wanton cruelty, the number of men engaged in the last Franco-Prussian conflict, we can easily see what is staring us in the face, and that we had better be prepared for an influx of insanity, criminality and epilepsy that will amaze even the most sanguine statistician.

With the number of new destructive engines of mortality invented up to the present date, a proportionate number of crimes will result as soon as the war is over. After the war of 1870, the crimes that were committed seemed nearly all to be with explosives similar to the ones used in that war. With new inventions, with the new knowledge now acquired, with the number of men who are daily receiving instruction in the use of firearms, a wave of crime, a wave of insanity and kindred afflictions will envelop the world, and we here in America can not help but feel its effects. In conjunction with this, measures must be adopted to protect our country. The burden of alien insanity is heavy and is increasing daily. Nearly 25 per cent. of the public expenditure of this country is in dealing with criminal and the insane. If this keeps on, with the influx that must be expected after the war, the expenditure will increase to about one-half of the total public expenditure. Just think of it!

Our duty as physicians is plainly before us. We must insist on stricter immigration laws and stricter insanity tests by the United States Government. Psychopathic clearing houses should be established in different parts of the country and the study of insanity and criminology taken up under experienced men. The value of such clearing houses or laboratories has been clearly established, and the one now operating in Chicago has proven that nearly 15 per cent. of the crimes committed were committed by persons suffering from dementia precox. Nearly 60 per cent. of the children arrested in Chicago were suffering from some mental disease or other, mainly dementia precox or some form of feeble-mindedness, while nearly 80 per cent. of the women arrested were mentally afflicted. We are spending millions to keep our insane, but we are very shy on spending a few dollars to prevent insanity and crime. When are we going to wake up?

THEODORE DAVIS ADLERMAN.

APPLICATIONS FOR MEMBERSHIP TO NATIONAL, NOVEMBER 20, 1915, TO FEBRUARY 20, 1916.

COLORADO.

Ewing, G. F., Julesburg.
Means, F. M., Holyoke.

FLORIDA.

Dickerson, George L., Jacksonville.
Galvas, Frank E., Lake Worth.

KANSAS.

Youngberg, J. E., Ottawa.
Richmond, D. W., Hutchinson.

OHIO.

Ekermeyer, M. S., New Bremen.
Powers, Ralph E., Lorain.

MICHIGAN.

Nipper, S. L., Conklin.

TENNESSEE.

King, H. T., Humboldt.

WEST VIRGINIA.

Drinkwater, W. C., Germania.
Backus, C. B., Carbondale.

WYOMING.

Elliott, M. S., Lander.
Newland, J. S., Kemmerer.

BOOK REVIEWS

AMERICAN MATERIA MEDICA, THERAPEUTICS AND PHARMACOGNOSY. By FINLEY ELLINGWOOD, M.D., with a practical consideration of the principles of pharmacy and pharmacognosy, by JOHN URI LLOYD, Ph.M., Ph.D., L.L.D. 564 pages. Cloth, $5.00. Published by Ellingwood's Therapeutist, Evanston, Ill.

A practical working knowledge of Ellingwood's Therapeutics has caused me to examine this new work with considerable interest. The present work is practically new and is not a simple revision of the old one appearng seventeen years ago. Comparing the two I find much new material in the present one. A unique subdivision of the topics is made by a division of them into groups and these again into chapters. Scattered throughout the work we find a tabulated summary and comparison of various remedies, which are of invaluable aid in studying the comparative action of them. One which attracted our attention was on "Fever Remedies;" another one on "Heart Remedies;" still another on "Digestive Agents." There is not only an index of remedies but a good working index of diseases as well.

It has seemed to the reviewer that the pendulum of therapeutic doubt has swung to its limit and must soon rebound. The therapeutic nihilist is like a mariner without his compass. A close study of this new work, embracing as it does the underlying principles of specific medication will remove the physician's doubt and skepticism and start him in the path of therapeutic accuracy and certainty. The book should be on the working table of every active physician as a daily reference and working tool.

American Illustrated Medical Dictionary (Dorland). A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology and kindred branches; with new and elaborate tables. Eighth revised edition. Edited by W. A. Newman Dorland, M.D., Large octavo of 1,135 pages, with 331 illustrations, 119 in colors. Containing over 1,500 more terms than the previous edition. Philadelphia and London: W. B. Saunders Company, 1915. Flexible leather, $4.50 net; thumb index, $5.00 net.

A carpenter can not work without his tools, neither can a student work without a dictionary. One is as essential as the other for progress. Dorland has been a constant companion for many years with the reviewer. I have other dictionaries in my library, some of an encyclopedic nature, but none have served me so well and so constantly as Dorland. This new edition, "The Eighth," is a thorough revision and has been brought up to the present moment by the addition of new words and new tests, the table of tests having grown from ten pages in the original edition to nineteen pages in the present one. Dorland's Dictionary is an essential book, not a luxury.

A Manual of Pathology. By Guthrie McConnel, M.D., formerly Professor of Pathology and Bacteriology, Temple University, Medical Department, Philadelphia. Third revised edition. 12mo volume of 585 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, $2.50 net

The study of pathology has grown in importance during the past few decades in the history of medicine. Of secondary consideration thirty years ago, it has grown to be of first importance. The volume before us is not designed to take the place of the larger text-books, but simply to present the salient points of the subject, which it does in a clear, concise method. It is well written, bound well and is all the author claims for it.

Painless Childbirth, Eutocia and Nitrous Oxide, Oxygen Analgesia. By Carl Henry Davis, M.D., Associate in Obstetrics and Gynecology, Rush Medical College, Assistant Attending Obstetrician and Gynecologist to the Presbyterian Hospital, Chicago, Forbes & Co., Chicago, Ill. Price, $1.00.

So far as our knowledge goes this is the first book by an obstetrician to thoroughly discuss the various methods employed in the attempt to secure painless childbirth. The first part of the book traces the development of the attempts to relieve the suffering of labor. A comparison is made of

the various analgesics employed and the advantages and disadvantages considered. The second part of the volume deals with eutocia as the goal for which the physician is striving, that eutocia not amnesia is the desire of mothers, to which we agree. "Twilight Sleep" is dealt with in a sensible manner and not as the over-enthusiastic writer or magazine writer deals with it. The third section of the book is devoted to the consideration of nitrous oxide-oxygen analgesia. We commend this little work to those who desire to better their knowledge of painless childbirth.

Your Baby: A Guide For Young Mothers. By E. B. Lowry, M.D. Forbes & Company, Chicago, Ill. Price, $1.00 net.

We have on previous occasions read and reviewed other books by the author of this work, as "Herself," "Himself" and 'Confidences." The present book has for its object "better babies." Every human being is entitled to a good birth. This book is intended to assist in the attainment of that object. It is designed for the prospective mother to enlighten her on the subject of maternity and infancy, for which purpose it can be commended.

Pamphlets Received.

"The Mechanism of Immunization," by Henry Smith Williams, M.D., and James Wallace Beveridge, M.D., New York. Reprinted from American Medicine.

"The Rockefeller Foundation Annual Report, 1913-14," second edition, 61 Broadway, New York. This report deals with the International Health Commission, as well as financial reports.

"Social Service Organization in Ohio," issued by Division of Public Health Education and Tuberculosis, Ohio State Board of Health, December 1, 1915.

NEWS AND NOTES.

California.

Dr. Lewis Lee has removed from Potter Valley to Seabright.

Dr. L. H. Freedman has been appointed first assistant health officer of Los Angeles.

Dr. W. B. McMakin has removed from Long Beach to Camas, Wash.

The October meeting of the Los Angeles County Eclectic Medical Society was held October 5. Drs. H. C. Smith and Ella M. Caryl were the essayists for the evening.

Dr. H. Ford Scudder has moved from 702 East Seventh Street, to 1621 West Pico Street, Los Angeles.

Dr. George H. Greenwell, formerly of Santa Cruz, is located at Hotel Abbey, Los Angeles.

Georgia.

Dr. E. L. Daniel has removed from Kirkwood to 801 Empire Life Building, Atlanta.

The Georgia State Board of Medical Examiners, at its last meeting, October 14, issued a rule forbidding the administration of anesthetics by anyone except licensed physicians.

Illinois.

Dr. Charles Woodward has removed his office to 607 Deming Place, Chicago.

Indiana.

Dr. J. Earl Holman has moved his office to 3315 East Tenth Street, Indianapolis.

Dr. Bert Coffey has removed to Straughn.

Tuberculosis caused 268 deaths in Indiana during September, according to reports compiled by State health officers. One hundred and forty-six women died from tuberculosis, forty-four of whom were mothers under forty, and 122 men were victims of the disease during the last month. Of the latter, seventeen were fathers under forty, and they left 122 children. Under the direction of Dr. J. N. Hurty, officers of the State Health Board are being supplied with charts, with which they may illustrate talks on the prevention of tuberculosis. These charts are sent free to any physician in the State who desires them.

Iowa.

Dr. W. G. Youmans has moved from Cedar Bluff to 640 Race Street, Denver, Colo.

Dr. George F. Severs, Centreville, was seriously injured by a fall on a slippery sidewalk, December 21.

Kansas.

Dr. D. W. Richmond has removed from West Virginia to Hutchinson, Kansas. Mrs. Richmond is superintendent of the Methodist Hospital of that city. They are the only Eclectics in Hutchinson, a city of 20,000 population.

Kentucky.

Good Opening for Eclectic Physician.—Owing to the death of my husband, Dr. J. M. Wells, I desire to sell my property to an Eclectic physician. The nearest one to Vanceburg is eighteen miles distant, and as Dr. Wells practiced here for thirty-six years the people are well inclined to Eclectic treatment. The house has seven rooms, pantry, upper and lower halls, office and three compartments. There is a fine well of water and a barn for horse and a place for auto. The house is in the central part of the city, one-fourth square from depot. Two trains stopping at Vanceburg go daily to and from Cincinnati. Can go to city and return same day. Good roads are being constructed through the country. For further particulars address Mrs. J. M. Wells, Vanceburg, Ky.

Henry Pohlmeyer is located in Lexington.

Dr. James C. Mitchell has moved his office to Room 709, Starks Bldg., Louisville.

Louisiana.

Dr. D. C. Arndt has removed from 1319 Carondelet Street to 1029 Camp Street.

Massachusetts.

In the trial of Francis F. Davies and George J. LaPlant, chiropractors, in the Supreme Court at Springfield, for practicing medicine without a license, attempts were made by the defense to introduce evidence to show that "cures" had been effected. These questions were ruled out as immaterial. Judge Irwin stated that the question of cures was not at issue and it made no difference if the men performed miracles. He declared the question at issue was whether or not the men had engaged in the illegal practice of medicine as charged. The defendants were fined $500 each. This trial is thought to establish definitely the legal status of chiropractice in Massachusetts. The Supreme Court in the Zimmerman case decided a few months ago that chiropractice was the practice of medicine and the present case has decided that it is not simply massage. Its followers, therefore, are subject to the requirements of the medical practice act.

Michigan.

Dr. Warren L. Hulse is located at 3425 Woodward Avenue, Detroit.

Dr. Harry A. Shafor has returned from a hunting trip in Maine.

Dr. Geo. L. Tiffany has removed from Birch Run to Owendale, Huron County.

Missouri.

Dr. G. W. Fraker has located at Excelsior Springs.

Nebraska.

Dr. J. McK. Packer has located at Memphis, Neb.

Dr. Frank Gordon has removed from Davy to Lincoln.

John Gray has removed to St. Anthony, Idaho.

Dr. Townley has removed from Cook to Kenesaw.

Dr. Rhinehart has removed from Kaysee, Wyoming, to McCook.

Dr. C .C. Drummond, of Lincoln, has returned to Harda ,C. P., India, to take charge of a hospital and dispensary.

New Jersey.

At Newark, N. J., the city authorities have decreed that children suffering from pertussis must wear a yellow band on the arm containing the name of the disease.

Dr. Joseph Lieberman has removed his office to 622 Tyer Place, West New York.

The semi-annual meeting of the New Jersey State Eclectic Medical Society was held at Newark, October 26, last, with a fair attendance. Lloyd Brothers have recently furnished the society with the names and addresses of all the Eclectics and other liberal physicians in the State, and an active campaign for new members will soon be started.

Dr. D. P. Borden, of Patterson, who has been the Eclectic member of the State Medical Board for nearly twenty years, was present and ad-

dressed the society, and incidentally told the members of the comparatively few Eclectics who had applied either for examination or reciprocity during his service, and he thought there was an unusually large number of good openings for active Eclectics in the State. Also that he would assure newcomers of a fair and impartial examination, and all would be examined in Eclectic practice and materia medica. The secretary of the society is Dr. A. Liva, Lyndhurst, N. J.

New York.

Dr. Guillaume has removed from Utica to Boonville.

Dr. Fred Terwillinger has removed from Smithton to Spencer, Tioga County.

Dr. Frederick E. Elliot has removed from 7404 Third Avenue, to 232 Seventy-seventh Street, Brooklyn.

Dr. D. E. Carey has removed from 629 Granite Building to 31 Grand Avenue, Rochester.

The new vital statistics law of New York State provides for a fine of from five to fifty dollars for the first offense in the case of a physician or midwife who fails or neglects to file a health certificate within five days.

The following news will interest all amateur eugenic followers. It is taken from the Journal A. M. A. "An action has been begun before the New York Supreme Court by the attorney-general to determine the right of the State to sterilize defectives. The individual on whom the State procreation commission proposed to perfom the operation is a young man, twenty-two years of age, one of a family of sixteen all practically defective. To date it has cost the State $10,000 for hospital care and maintenance of this family. On the decision in this case depends whether the procreation commission will enter on its work of sterilizing mentally defective persons in New York."

Ohio.

WANTED.—In order to complete two sets of the Eclectic Medical Journal to present to friendly libraries, I desire the following numbers. Many physicians have these among their old copies and can help this worthy object. Until they are supplied I will remit double the subscription price. Let me hope that my friends will at once look over their old volumes.

1861—*One copy* each of January, February and April, and *two copies* each of May, July, August, September October November and December.

1863—*One copy* each of January March, July, August, September and October.

1910—*One copy*, September. JOHN URI LLOYD.

Dr. Englerth has located at Morrow.

Dr. Samuel E. Eagon has located at 4925 Main Avenue, Norwood.

Dr. E. H. Mercer has removed from Grand Rapids to Bowling Green.

Dr. Everett T. Skeels has returned from Chicago, Ill., to 1082 S. Main Street, Akron.

Dr. Ralph E. Powers has become assistant to Dr. Wheatley, surgeon to the Lorain Steel Plant, Lorain.

Dr. Myron Hanna has moved from Haviland to Scott.

Dr. Kent Harrington is located at 9 East Exchange, Akron.

Dr. F. D. Postle is located at Delaware.

Dr. H. A. Bennett has located at 1620 Chestnut Street, Toledo.

The Nimrods of our Ohio Society, Drs. Hobby and Hagen, have been enjoying a season of hunting, the former in Maine and the latter in Nova Scotia.

Dr. C. W. Russell, of Springfield, and Dr. A. S. McKitrick, of Kenton, have been elected respectively, president and second vice-president of the Association of Big Four Railway surgeons, at the recent meeting in Indianapolis, Ind., November 18, 1915.

The Southwestern Eclectic Medical Association met at Amelia, October 6. The following was the program: "Comparison of Gelsemium and Belladonna," by Dr. J. C. Kilgour, Harrison; "Appendicitis," by Dr. E. B. Shewman, Cincinnati; "Treatment of the Narcotic Habit," by Dr. J. V. Mott, Amelia. The papers were all of exceeding interest. The day was ideal and the attendance large. The best dinner possible had been provided for. It was perhaps the best meeting of this society held in many years.

Attorney-General Edward C. Turner, of Ohio, in interpreting the new Platt-Ellis act, upheld the recent action of the State Medical Board in dividing into five groups the limited medical and surgical practitioners. Mr. Turner also approved the board's decree that separate examinations shall be conducted and a $25.00 fee assessed for each group. This law requires persons desiring to practice a limited branch of medicine or surgery, including mental healing, chiropody, optometry, neuropathy and massage, shall be examined and licensed by the State Medical Board. Applicants must pay a fee of $25.00 for each branch of limited practice they wish to follow The fee is to be paid at the time of examination.

A special meeting of the board was held in Columbus, November 15, 16 and 17, for the purpose of examining non-drugless healers who are subject to registration under the recent Platt-Ellis law. About 200 applied for examination on the basis of having practiced one or more years prior to June 1, in Ohio. There were 169 chiropractors, 35 mechanotherapists, 18 in massage, 3 in Swedish movements, 22 in electrotherapy, 23 in hydrotherapy, 12 in chiropody, many of the candidates taking two or more examinations. About 500 applicants who made affidavit to having practiced five or more years, in various branches, will have their cases carefully considered and verified at the regular January meeting of the board. After that date, future examinations will be based upon courses varying from two to three years, with from two to four years previous high school education, as a preliminary. Applications for nurses registration will be received up to December 31.

The Home Sanitarium Hospital Company, of Lebanon, Ohio, has been incorporated and its organization is now complete. The new company has purchased the Maple Farm Hotel, and the sanitarium hospital will open about March 15, 1916. The directors are: J. V. Mott, M.D., Amelia; E. B. Shewman, M.D., Cincinnati; J. L. Payne, M.D., Cincinnati; J. S. Hagen, M.D., Cincinnati; Don C. Westerfield, of Dayton, and Frank Brandon, Lebanon. Dr. Herschel I. Fischer, of Lebanon, has also been asked to serve on the board. J. Warren Wood, cashier of the Citizens' National Bank, Lebanon, is treasurer of the new company. The physicians will devote their attention to the care of the patients' while the business affairs are to be in charge of the business men of the board. The new institution will specialize in alcoholism, narcotic and nervous cases, but will also be conducted upon the hospital plan. In other words, anyone may be taken to the institution for any treatment, and, if it is desired, they may have their own family physician to attend them. Dr. J. V. Mott, of Amelia, will be at the head of the institution and act as house physician.

Oklahoma.

Dr. O. Nobell has moved from Sharon to Beaver.

Pennsylvania.

Dr. C. M. Hazen has opened an office at 211 Locust Street, Harrisburg, limiting his practice to the eye, ear, nose and throat.

Dr. J. Emmett Blagg has been appointed associate of the American Hospital for Diseases of the Stomach, of Philadelphia. He is located at 555 Butler Street, Philadelphia.

H. H. Miller has removed from Davidsville to 245 Ohio Street, Johnstown.

The newly elected officers of the Pennsylvania society are: President, M. V. Hazen, M.D., Titusville; secretary, J. W. Ritter, M.D., Jersey Shore; treasurer, N. M. Glenn, M.D., State College.

Texas.

The Texas Society reports a good State meeting with good papers, clinics, etc. Officers elected for the following year are: L. V. Bates, M.D., Waco, president; H. H. Blankmeyer, M.D., Aransas Pass, secretary; Rosa B. Gates, M.D., Waco, treasurer.

West Virginia.

Dr. Stokley D. Hays has located at Flemington.

Dr. D. W. Richmond has removed from Silver Hill to Hutchinson, Kan.

There are good locations in South Dakota. Write W. E. Daniel, Madison, S. D.

Miscellaneous.

To provide against contingencies that might be brought about by the Zeppelin raids on London, Dr. James A. Murray, director of the Imperial Cancer Research Fund, several weeks ago sent to the Columbia University Laboratory in New York duplicates of all the cultures and specimens that have been developed in London through thirteen years of patient work by the fund. A recent Zeppelin raid narrowly missed causing the destruction

of the laboratories in London. The specimens sent to New York were placed in charge of Dr. Francis Carter Wood, director of the Crocker Cancer Research Fund of Columbia University, and will remain there indefinitely unless those in London should be destroyed. The Crocker Fund and the Imperial Research Fund are in close communication and have exchanged scientists on occasion.

Several shipments of worthless imitation drug products have been seized by the officials in charge of the enforcement of the Food and Drugs Act. A preparation put up in imitation of neosalvarsan is being distributed to drug stores in this manner. A sample labeled "Neosalvarsan," which was recently examined by the department, was found to be nothing more than salt colored with a coal tar dye, none of the genuine neosalvarsan whatever being present. The label on this product was an exact reproduction of the genuine imported neosalvarsan, or it was an original container refilled with the imitation articles. Other preparations peddled to druggists and purporting to be acetylsalicylic acid, or aspirin, have been seized by officials in charge of the enforcement of the Food and Drugs Act, because an analysis showed that the products were worthless imitations.

The National Association for the Study and Prevention of Tuberculosis reports that during 1915 more than $22,500,000 was spent in the anti-tuberculosis campaign, an increase of $17,500,000 as compared with a decade ago. The work of the association has increased from the care of tuberculosis patients, which was its sole function, until last year more than $1,000,000 was spent in organization and education; more than another million in the examining, giving advice to and treating patients; more than $350,000 was spent in teaching and treating tuberculous children, while nearly $750,000 was spent in the care of the tuberculous insane and criminals. The bulk of the amount spent in the anti-tuberculosis campaign was, of course, expended in sanatoriums and hospitals, nearly 600 of which expended $19,250,000.

According to Accident Bulletin 56 of the Interstate Commerce Commission there was, during the year to June 30, 1915, a total of 170,661 casualties on steam railways of the United States. Of this number 8,621 represent persons killed and 162,040 the number injured. This is a decrease over the figures of 1914 of 1,681 in the number of persons killed and 30,622 in the number injured. The number of employees killed was 343 and the number injured was 99,192 in "industrial accidents" which are defined as accidents not connected with train operation, but occurring to railway employees other than train men on railway premises. Of the total number of persons killed 2,152 were employees, 222 passengers and 6,247 other persons, including both trespassers and non-trespassers; thus there was a decrease over the figures of 1914 of 1,107 employees killed, 43 passenger and 531 other persons. Of the persons injured 138,092 were employees, 12,110 passengers and 11,838 other persons. This is a decrease in the figures of 1914 of 27,120 injuries to employees, 3,011 to passengers and 491 to other persons.

OBITUARIES.

Adams, Frank Butler, member of the Connecticut and National Eclectic Medical Associations, at Hartford, Conn., September 23, 1915, aged fifty-seven years.

Ball, Lawrence S., American Medical College, Cincinnati, 1855, at his home in Prairieton, Ind., November 1 aged eighty-six years.

Behymer, Edwin, Cincinnati Eclectic Medical College, 1875, member of the Oho State and National Eclectic Medical Associations, at his home, Cincinnati, Ohio, January 31, 1916, aged sixty-eight.

Bristol, George B., member of the Connecticut and National Eclectic Medical Associations. Health officer of Middlebury, Conn., at his home, December 19, 1915, aged seventy-five years.

Burns, Judson D., Eclectic Medical Institute, Cincinnati, 1870, at his home in Grundy Centre, Iowa, January 7, 1916, aged sixty-seven years.

Bushnell, Charles Henry, Bennett Medical College, Chicago, 1896, member of the Illinois and National Eclectic Medical Associations, at his home in Chicago, Ill. December 19, 1915, aged fifty-five years.

Crill, Edward S., Eclectic Medical Institute, Cincinnati, 1865, at his home in Palatka, Fla., October 23, 1915, aged seventy-two years.

Devore, Commodore Perry, Eclectic Medical Institute, Cincinnati, 1871, formerly of Sutter, Cal., at his home in Drain, Oregon, November 19, 1915, aged seventy-seven years.

Felitti, Pasquali, Eclectic Medical College of the City of New York, 1898, at his home in New York City, Decemebr 25, 1915, aged forty-six.

Fuller, Terrill L., Eclectic Medical Institute, Cincinnati, 1911, of Mayfield, died in Oroyo, Peru, S. A., November 3, 1915, aged twenty-seven.

Heffter, George Otto, Eclectic Medical College of the City of New York, 1887, at his home in Harlem, N. Y., December 21, aged fifty-three.

Hite, George M., Eclectic Medical Institute, Cincinnati, 1886, member of the Tennessee and National Eclectic Medical Associations, at his home in Nashville, Tenn., October 21, aged fifty-six years.

Jacobs, John A., American Medical College, St. Louis, 1874, at his home in Mount Lebanon, Pittsburg, January 4, 1916, aged seventy years.

Johnson, William M., American Eclectic Medical College, Cincinnati, 1857, at his home in Johnsonville, Ill., August 13, 1915, aged eighty-six.

Lantz, Lester P., Philadelphia, 1879, at his home in Wyalusing, Pa., September 21, 1915.

Lanzer, Lewis, Eclectic Medical College of the City of New York, 1892, member of the New York State and National Eclectic Medical Associations, at his home in Brooklyn, N. Y., December 3, 1915, aged fifty years.

Lewis, Jacob B., Eclectic Medical Institute, Cincinnati, 1893, of Boise, Idaho, at his home near Mendon, Idaho, December 5, 1915, aged forty-four.

Matthew, Sheldon H., Eclectic Medical Institute, Cincinnati, 1876, at his home at Mt. Erie, Ill., September 17, 1915.

McHenry, O. P., Eclectic Medical Institute, Cincinnati, 1886, member of the Ohio State and National Eclectic Medical Associations, at his home in Hamilton, Ohio, December 20, 1915, aged fifty-four years.

Moore, John R., American Eclectic Medical College, St. Louis, 1888, at his home in Greenfield, Ind., September 13, 1915.

Nielson, Carl Marlinis, Bennett Medical College, 1893, member of the Illinois and National Eclectic Medical Asosciations, at his home in Chicago, Ill., December 14, 1915, aged fifty-nine years.

Richardson, Holland W., Eclectic Medical Institute, Cincinnati, 1860, at his home in Marengo, Ill., January 15, 1916, aged eighty-five years.

Russell, A. R., Eclectic Medical Institute, Cincinnati, 1898, member of the Ohio and National Eclectic Medical Associations, at his home in Hamler, Ohio, December 12, 1915, aged forty-three years.

Scott, Charles H., Eclectic Medical Institute, 1879, at his home in Rupert, Idaho, July 17, 1915.

Schwartz, Bernhardt S., American Medical College, St. Louis, 1897, at his home in San Francisco, Cal., December 6, 1915, aged seventy-four.

Sheldon, Matthew H., Eclectic Medical Institute, Cincinnati, 1876, of Mt. Erie, Ill., at Olney, Ill., September 17, 1915, aged sixty-two years.

Sherlock, Thomas Jefferson, Eclectic Medical Institute, Cincinnati, 1893, of Hart, Michigan, at Grand Rapids Mich., November 20, 1915, aged seventy years.

Sprayberry, B. M., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1882, at his home near Ellenwood, Ga., December 4, 1915, aged sixty-eight years.

Tuthill, Joseph D., Bennett Medical College, Chicago, 1881, at his home in Chicago, Ill., November 26, 1915, aged eighty-seven years.

Upshaw, Thomas Jefferson, American Medical College, St. Louis, Mo., 1890, formerly a member of the Missouri and National Eclectic Medical Associations, at the home of his son in St. Louis, November 22, 1915, aged seventy-one years.

Walters, Sidney W., Bennett Medical College, Chicago, 1898, at his home in Chicago, Ill., September 13, 1915.

Watkins, Raymond, Cincinnati Eclectic Medical College, 1911, member of the Ohio State and National Eclectic Medical Associations, of Blanchester, Ohio, died in New Mexico, January 18, 1916.

Wells, J. M., Eclectic Medical Institute, 1877, member of the Kentucky and National Eclectic Medical Associations, at his home in Vanceburg, Ky., October 28, aged seventy years.

Wilson, George Slocomb, Eclectic Medical College of the City of New York, 1881, at his home in Boston, Mass., November 30, 1915, aged seventy-six years.

NATIONAL ECLECTIC MEDICAL ASSOCIATION MEETS AT CEDAR POINT, OHIO, JUNE 20-23, 1916.

OFFICERS.

President.—T. D. Adlerman, M.D., 910 St. John's Place, Brooklyn, N. Y.

First Vice-President.—B. W. Mercer, M.D., Tiffin, Ohio.

Second Vice-President.—F. M. Andrus, M.D., 114 N. 13th Street, Lincoln, Neb.

Third Vice-President.—A. J. Atkins, M.D., 714 Pine Street, San Francisco, Cal.

Recording Secretary.—William P. Best, M.D., 2218 E. Tenth Street, Indianapolis, Ind.

Corresponding Secretary and Editor of the QUARTERLY.—W. N. Mundy, M.D., Forest, Ohio.

Treasurer.—E. G. Sharp, M.D., Guthrie, Okla.

NATIONAL COMMITTEES.

On Conference with Homeopaths—J. K. Scudder, M.D., chairman, Cincinnati, Ohio; J. P. Harvill M.D., Nashville, Tenn.; R. L. Thomas, M.D., Cincinnati, Ohio.

On Grievances—W. S. Glenn, M.D., chairman, State College, Pa.; C. E. Buck, M.D., Boston, Mass.; G. S. Porter, M.D., Linton, Ind.; Frank Webb, M.D., Bridgeport, Conn.

On Credentials—H. Stoesser, M.D., chairman, Brooklyn, N. Y.; J. Stevenson, M.D., Ft. Smith, Ark.; O. C. Welbourn, M.D., Los Angeles, Cal.

On Finance—J. C. Mitchell, M.D., chairman, Louisville, Ky.; B. K. Jones, M.D., Kenton, Ohio; E. J. Dech, M.D., Easton, Pa.

On Necrology and History—H. W. Felter, M.D., chairman, Cincinnati, Ohio; Prof. J. U. Lloyd, Cincinnati, Ohio; H. Harris, M.D., New York, N. Y.

On Press—Wm. N. Mundy, M.D., chairman, Forest, Ohio; V. L. Bell, M.D., Grand Rapids, Mich.; J. K. Scudder, M.D., Cincinnati, Ohio; J. V. Conover, M.D., Elmer, N. J.

On Audit—J. C. Mitchell, M.D., chairman, Louisville, Ky.; H. H. Blankemeyer, M.D., Aransas Pass, Texas; G. O. Hulick, M.D., East St. Louis, Ill.

On Publicity, Pamphlets, etc.—J. K. Scudder, M.D., chairman, Cincinnati, Ohio; Prof. J. U. Lloyd, Cincinnati, Ohio; F. L. Wilmeth, M.D., Lincoln, Neb.

On Medical Colleges—Wm. C. Best, M.D., chairman, Indianapolis, Ind.; Wm. N. Mundy, M.D., Forest, Ohio; J. K. Scudder, M.D., Cincinnati, Ohio; F. L. Wilmeth, M.D., Lincoln, Neb.; B. E. Dawson, M.D., Kansas City, Kansas.

Legislative Committee—Wm. N. Mundy, M.D., Chairman, Forest, Ohio; J. K. Scudder, M.D., Cincinnati, Ohio; E. S. Spindell, M.D., Springfield, Ill.

Committee on Arrangements, Exhibits and Transportation—

J. K. Scudder, M.D., Chairman, Cincinnati, Ohio.
H. W. Powers, M.D., Amherst, Ohio.
J. G. Sherman, M.D., Columbus, Ohio.

W. K. Mock, M.D., Cleveland, Ohio.
B. K. Jones, M.D., Kenton, Ohio.
J. P. Harbert, M.D., Bellefontaine, Ohio.
J. F. Wuist, M.D., Dayton, Ohio.
Harry A. Shafor, M.D., Detroit, Mich.

Committee on Organization—
Arkansas—L. L. Marshall, Little Rock.
California—H. Ford Scudder, Los Angeles.
Canada—J. Gorden Bennett, Halifax.
Colorado—W. O. Patterson, Pueblo.
Connecticut—T. S. Hodge, Torrington.
Cuba—Frank Tudela, Guantanamo.
Florida—J. M. Mann, Lake Butler.
Georgia—E. L. Daniel Kirkwood.
Idaho—Russell Truitt, Cottonwood.
Illinois—G. O. Hulick, East St. Louis.
Indiana—G. C. Porter, Linton.
Iowa—B. C. Minkler, Des Moines.
Kansas—J. H. Rinehart, Topeka.
Kentucky—J. L. Richardson, Ashland.
Maine—A. Fossett, Portland.
Maryland—Geo. W. Fisher, Baltimore.
Massachusetts—C. E. Buck, Boston.
Michigan—H. Shafer, Detroit.
Minnesota—F. E. Hufnail, Minneapolis.
Mississippi —
Missouri—B. J. Wiesner, St. Louis.
Nebraska—E. J. Latta, Kenesaw.
Nevada—J. P. Martin, Reno.
New Hampshire—
New Jersey—G. E. Potter, Newark.
New York—T. D. Adlerman, Brooklyn.
Ohio—W. N. Mundy, Forest.
Oklahoma—K. P. Hampton, Sopor.
Oregon—H. L. Henderson, Astoria.
Pennsylvania—W. S. Glenn, State College.
Rhode Island—D. L. Powe, Providence.
South Dakota—W. S. Collins, Howard.
Tennessee—J. P. Harvill, Nashville.
Texas—H. H. Blankmeyer, Aransas Pass.
Utah—C. L. Olsen, Murray.
Vermont—H. N. Waite, Johnson.
Washington—J. W. Cosford, Spokane.
Wisconsin—J. R. Brewer, Jefferson.
Wyoming—T. A. Dean, Casper.

SOCIETY CALENDAR.

1. National Eclectic Medical Association—President, T. D. Adlerman, 910 St. Johns Place, Brooklyn, New York; Secretary, Wm. P. Best, Indianapolis, Indiana. Cedar Point, Ohio, June 20-23, 1916.
2. Albany and Saratoga District Medical Society.
3. American Eclectic Materia Medical Association. President, R. B. Taylor, Columbus, Ohio; Secretary, A. W. Smith, Berwyn, Ill.
4. Arkansas Eclectic Medical Society. President, Adolph Jernigan, Tuckerman; Secretary, J. F. Lewis, Little Rock, June, 1916.
5. Atlanta Eclectic Medical Society. President, J. Q. Brantley; Secretary, S. L. Katzoff, Atlanta, Ga.
6. Boston District Eclectic Medical Association. President, Geo. E. Pool, Sherbourn.
7. Brooklyn Therapeutic Society. Secretary, J. Steele, 96 Monitor Street, Brooklyn. Quarterly.
8. California Eclectic Medical Society. President, Chas. Clark, San Francisco; Secretary, H. Ford Scudder, Los Angeles, San Francisco.
9. Central New York Eclectic Medical Society. Secretary, J. H. Terpenning, Fulton; L. B. Gardiner, Geneva.
10. Chicago Eclectic Medical and Surgical Society. Monthly.
11. Colorado Eclectic Medical Society. President, J. A. Dungan, Greeley; Secretary, Geo. H. Candlin, Eaton.
12. Connecticut Eclectic Medical Society. President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually.
13. Dayton Eclectic Medica lSociety. President, E. E. Bechtel; Secretary, J. F. Wuist. Third Friday of each month.
14. Doctors Club, St. Louis. President, E. P. Waterhouse; Secretary, A. F. Stephens.
15. Eclectic Medical Society of the City and County of New York. President, H. Harris; Secretary, J. Berkenhauser, 216 East 17th Street, New York City. Third Thursday of each month.
16. Florida Eclectic Medical Association.

17. Ft. Wayne Eclectic Medical Society. President, G. A. Barry; Secretary, J. E. Morris. Monthly.

18. Georgia Eclectic Medical Association. President, John H. Powell, Atlanta; Secretary, E. L. Daniel, Kirkwood. Atlanta, 1916.

19. Illinois Eclectic Medical Association. President, J. P. Bennett, Chicago; Secretary, Geo. O. Hulick, East St. Louis. Chicago, May, 1916.

20. Indiana Eclectic Medical Association. President, G. E. Porter, Linton; Secretary, F. L. Hosman, Indianapolis. Indianapolis, May, 1916.

21. Iowa Eclectic Medical Society. President, H. S. Huckins, Des Moines; Secretary, B. C. Minkler, Des Moines, May, 1916.

22. Kansas Eclectic Medical Association. President, Jay Baird, Coffeyville; Secretary, J. H. Rinehart, Topeka. Emporia, 1916.

23. Kansas City Medical Society. Semi-monthly.

24. Kentucky Eclectic Medical Society. President, J. L. Richardson, Ashland; Secretary, Lee Strouse, Covington. Louisville, 1916.

25. Kentucky Central Auxiliary. President, J. H. Shultz, Jeffersonville; Secretary, T. A. E. Evans, Farmers.

26. Kentucky Eastern Auxiliary. President D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton.

27. Kings County Eclectic Medical Society. President, Theo. D. Adlerman; Secretary, A. B. Wolf, 968 Forest Avenue, Brooklyn, N. Y.

28. Los Angeles Eclectic Medical Society. President, O. C. Welbourn, Los Angeles; Secretary, K. E. Seeburger, Los Angeles.

29. Maine Eclectic Medical Society. President, A. S. Von Sonneberg, Boston, Mass.; Secretary, Fred. W. Abbott, Taunton, Mass. Next meeting Portland, Me., May, 1916.

30. Maryland State Eclectic Medical Society. President, Geo. W. Fisher, Baltimore; Secretary, F. L. C. Helm, 2757 West North Avenue, Baltimore.

31. Massachusetts Eclectic Medical Society. President, Chas. E. Buck, Boston; Secretary, Fred G. Phillimore, 320 Hanover Street, Boston, June, 1916.

32. Michigan Eclectic Medical Society. President, V. L. Bell, Grand Rapids; Secretary, J. E. G. Waddington, Detroit. Detroit, 1916.

33. Missouri Eclectic Medical Society. President, J. R. Berry, Cartersville; Secretary, B. J. Weisner, St. Louis. Kansas City, May, 1916.

34. Missouri Valley Eclectic Medical Association. John C. Story, St. Joseph.

35. Minnesota Eclectic Medical Society.

36. Monroe County Eclectic Medical Society. Secretary, Darwin Cary, 31 Grand Avenue, Rochester, N. Y.

37. Nebraska Eclectic Medical Society. President, W. D. Guttery, Norfolk; J. N. Campbell, Stamford.

38. New England Medical Association. President, C. A. Pratt, Mattapan, Mass.; Secretary, F. W. Abbott, Taunton, Mass. Boston, 1916.

39. New Hampshire Eclectic Medical Society.

40. Northeastern Ohio Eclectic Medical Society. President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.

41. Northwestern Ohio Eclectic Medical Society. President, A. R. Russell, Hamler; Secretary, W. F. Lehr, Arlington. Quarterly, next meeting, Lima, April, 1916.

42. New Jersey Eclectic Medical Society. President, Geo. E. Potter, Newark; N. J.; Secretary, A. Liva, Lyndhurst. Newark, October 26, 1915.

43. New York Eclectic Medical Society. President, R. A. Toms, Kenmore; Secretary, T. D. Alderman, 910 St. Johns Place, Brooklyn. Albany, N. Y., March 22-23, 1916.

44. New York Specific Medication Club. President, M. D. Pearlstein, Brooklyn; Secretary, John Birkenhauser, 216 East 17th Street, New York City. Second Thursday of each month.

45. Northwestern Indiana Eclectic Medical Society. Secretary, W. F. Smith, Huntington.

46. Ohio Central Eclectic Medical Society. President, Geo. Williams, Columbus; Secretary, C. M. Deem, Columbus. Monthly.

47. Ohio Eclectic Medical Association. President, H. W. Powers, Amherst; Secretary, W. N. Mundy, Forest. Cedar Point, June 19, 1916.

48. Oklahoma Eclectic Medical Society. President, T. C. Leachman, Richmond; Secretary, D. E. McCarty, El Reno. Tulsa, May, 1916.

49. Oregon Eclectic Medical Association. Secretary, Byron F. Miller.

50. Pennsylvania Eclectic Medical Association. President, M. V. Hazen, Titusville; Secretary, J. W. Ritter, Jersey Shore. Harrisburg, October, 1916.

51. Saratoga and Albany Eclectic Medical Society. Secretary, E. H. King, Saratoga Springs.
52. South Dakota Eclectic Medical Society. President, W. E. Daniels, Madison; Secretary, W. P. Collins, Howard.
53. Southern California Eclectic Medical Association. President, O. C. Darling, Riverside; Secretary, H. C. Smith, Los Angeles.
54. Southwestern Ohio Eclectic Medical Association. President, R. C. Hefiebower, Cincinnati; Secretary, Cloyce Wilson, Cincinnati.
55. San Francisco County Eclectic Medical Society. Secretary, A. Florence Temple. Meets first Thursday of each month, except July.
56. Sullivan County Eclectic Medical Society.
57. Tennessee Eclectic Medical Association. President, J. P. Harvill, Nashville; Secretary, John O. Cummins, Nashville. May, 1916.
58. Texas Eclectic Medical Association. President, L. V. Bates, Waco; Secretary, H. H. Blankmeyer, Aransas Pass. Waco, November 7-9, 1916.
59. Vermont Eclectic Medical Association. President, J. V. H. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier.
60. Washington Eclectic Medical Association. President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle.
61. Western Ohio Eclectic Medical Association. President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly
62. Western New York Eclectic Medical Society. President, T. A. Toms, Kenmore; Secretary, E. L. Downey, Middleport.
63. West Virginia Eclectic Medical Association. President, M. H. Waldron, Naugatuck; Secretary, A. C. Lambert, Charleston.
64. Wisconsin Eclectic Medical Society. President, J. B. Brewer, Jefferson; Secretary, R. C. Rodecker, Holcombe.

CALENDAR OF STATE EXAMINING BOARDS.

(Secretaries will please keep us informed of changes and dates.)

Alabama—One board. Secretary, W. H. Sanders, Montgomery.
Alaska—Secretary, Henry C. DeVighue, Juneau.
Arizona—One board. Secretary, John Wix Thomas, Phoenix. Eclectic member, R. M. Tafel, Phoenix.
**Arkansas*—Three boards. Secretary, Eclectic Board, C. E. Laws, Ft. Smith.
**California*—One board. Secretary, Chas. B. Pinkham, San Francisco. Eclectic member, H. V. Brown, Los Angeles.
**Colorado*—One board. Secretary, David A. Strickler, 612 Empire Bldg., Denver.
**Connecticut*—Three boards. Secretary Eclectic Board, T. S. Hodge, Torrington.
* *Delaware*—Two boards. Secretary Homeopathic Board, R. A. Kittinger, Wilmington.
**District of Columbia*—Three boards. Secretary Med. Supervisors, Edgar P. Copeland, the Rockingham, Washington, D. C.
**Florida*—Three boards. Secretary Eclectic Board, H. J. Hampton, Tampa.
**Georgia*—One board. Secretary, C. T. Nolan, Marietta. Eclectic members, A. F. White, Flovilla; O. B. Walker, Bowman; A. Fleming, Waycross.
Idaho—One board. Secretary, Chas. A. Deltman, Burke. Eclectic member, Russell Truitt, Cottonwood.
* *Illinois*—One board. Secretary C. St. Clair Drake, Springfield. Eclectic members, E. S. Spindel, Springfield. Adam Swajkart, Chicago.
**Indiana*—One board. Secretary, W. T. Gott, 120 State Capitol Bldg., Indianapolis. Eclectic member, M. S. Canfield, Frankfort.
**Iowa*—One board. Secretary, Guilford H. Sumner, Des Moines. Eclectic member, G. F. Severs, Centerville.
**Kansas*—One board. Secretary, H. A. Dykes, Lebanon. Eclectic member, A. S. Ross, Sabetha; F. P. Hatfield, Olatha.
**Kentucky*—One board. Secretary, J. N. McCormack, Bowling Green. Eclectic member, G. T. Fuller, Mayfield.
**Louisiana*—Two boards. Secretary Homeopathic Board, Edward Harper, 830 Canal Street, New Orleans.
**Maine*—One board. Secretary, F. W. Searle, 776 Congress Street, Portland.
**Maryland*—Two boards. Secretary Homeopathic Board, O. N. Duvall, 1870 Fulton Street, Baltimore.
Massachusetts—One board. Secretary, Walter P. Bowers, Room 159 State House, Boston. Eclectic member, A. L. Chase, Randolph.
**Michigan*—One board. Secretary, B. D. Harrison, 504 Washington Arcade, Detroit. Eclectic members, A. L. Robinson, Allegan, Nelson McLaughlin, Lake Odessa.

*Minnesota—One board. Secretary, Thomas S. McDavitt, Lowery Bldg., St. Paul.
*Mississippi—One board. Secretary, E. H. Galloway, Jackson.
*Missouri—One board. Secretary, J. A. B. Adcock, Jefferson City.
Eclectic member, T. A. Son, Bonne Terre.
Montana—One board. Secretary, W. C. Riddell, Helena.
*Nebraska—One board. Secretary, H. B. Cummins, Seward.
Eclectic member, H. B. Cummins, Seward.
*Nevada—One board. Secretary, S. L. Lee, Carson City (Eclectic).
*New Hampshire—One board. Secretary, Walter T. Crosby, Pembroke Bldg., Manchester; Eclectic, W. H. True, Laconia.
*New Jersey—One board. Secretary, H. G. Norton, Trenton.
Eclectic member, D. P. Borden, Paterson.
*New Mexico—One Board. Secretary, W. E. Kaser, East Las Vegas.
*New York—One board. Harlan H. Horner, Regent's Department, Albany.
Eclectic member, Earl H. King, Saratoga Springs.
North Carolina—One board. Secretary, Hubert A. Royster, Raleigh.
*North Dakota—One board. Secretary, G. M. Williamson, Grand Forks.
*Ohio—One board. Secretary, G. H. Matson, Columbus.
Eclectic members, S. M. Sherman, Columbus; John K. Scudder, Cincinnati.
Oklahoma—One board. Secretary, Ralph V. Smith, Tulsa.
Eclectic members, M. Gray, Mountain View; W. T. Ray, Gould,
*Oregon—One board. Secretary, L. H. Hamilton, Portland.
Eclectic member, H. L. Henderson, Astoria.
*Pennsylvania—One board. Secretary, Nathan C. Schaeffer, Harrisburg.
Eclectic member, C. L. Johnstonbaugh, Johnstown.
Phillipine Islands—Secretary, C. E. Norris.
Porto Rico—Secretary, Quevedo Boez, Allen St., San Juan.
Rhode Island—One board. Secretary, G. T. Swartz, Providence.
*South Carolina—One board. Secretary, A. Early Boozer, Columbia.
South Dakota—One board. Secretary, Park B. Jenkins, Waubay.
Eclectic member, W. E. Daniels, Madison.
*Tennessee—One board. Secretary, A. B. DeLoach, Memphis.
Eclectic member, B. L. Simmons, Granville.
*Texas—One board. Secretary, M. P. McElhannon, Bellton.
Eclectic members, M. A. Cooper, Childress; M. F. Bettencourt, Mart.
*Utah—One board. Secretary, G. F. Harding, 310 Templeton Bldg., Salt Lake City.
Eclectic member, C. L. Olsen, Murray.
*Vermont—One board. Secretary, W. Scott Nay, M.D., Underhill; Eclectic members, F. H. Godfrey, Chelsea; P. L. Templeton, Montpelier.
*Virginia—One board. Secretary, J. N. Barney, Fredericksburg.
Washington—One board. Secretary, G. N. Suttner, Walla Walla.
*West Virginia—One board. Secretary, S. L. Jepson, Charleston.
Wisconsin—One board. Secertary, John M. Dodd, Ashland.
Eclectic members, F. C. Haney, Watertown; R. C. Rodecker, Holcombe.
*Wyoming—One board. Secretary, H. E. McCollum.

*Has reciprocity. For particulars write the board secretary.

PARTIAL PROGRAM—TO FEBRUARY 15, 1916.

Section I—Practice.

Address: Past, Present and Future of Eclecticism...R. L. Thomas, M.D., Cincinnati, O.
Chairman—E. H. Stevenson, M.D., Ft. Smith, Ark.
Vice-Chairman—C. M. Chandler, M.D., Salt Lake City, Utah.
Secretary—J. C. Mitchell, M.D., Louisville, Ky.

1. Stomach Ulcers.....W. VanNette, M.D., Clyde, Ohio.
2. Further Report on the Action of Subculoyd Inula and Echinacea Compound in the Treatment of Tuberculosis.....V. von Unruh, M.D., New York, N. Y.
3. Observation and Temperament in the Administration of Drugs.....W. E. Daniel, M.D., Madison, S. D.
4. Diagnosis and Teratment of Scarlatina.....J. P. Martin, M.D., Reno, Nevada.
5. Little Things in Daily Practice.....Finley Ellingwood, M.D., Chicago, Ill.
6. Salicylic Acid and Guaicol in Tuberculosis.....J. C. Mitchell, Louisville, Ky.
7. Treatment of Localized Muscular Pain.....H. T. Webster, M.D., Oakland, Cal.
8. The Vapo-Osnio-Dermal Method of Treating Syphilis.....G. S. Pettit, M.D., Oklahoma City, Okla.
9. Typhoid Fever.....J. B. Matthews, M.D., Blue Mound, Ill.

Section II—Surgery.

Chairman—E. B. Shewman, M.D., Cincinnati, Ohio.
Vice-Chairman—F. L. Wilmeth, M.D., Lincoln, Neb.
Secretary—W. L. Heeve, M.D., Brooklyn, N. Y.

1. Orificial Surgery as Related to General Surgery.....Benj. E. Dawson, M.D., Kansas City, Mo.
2. Just a Useful Hint of Hemorrhoids and How I Cure Them..... M. E. Daniels, M.D., Madison, S. D.
3. Emergency Surgery.....Jason Tyson, M.D., Santa Ana, Texas.
4. Intestinal Obstruction; Etiology, Differential Diagnosis, Symptoms and Treatment.....B. Roswell Hubbard, M.D., Los Angelas, Cal.
5. Curettage.....A. W. Berrow, M.D., Hot Springs, Ark.
6. Surgery in the Home.....E. G. Sharp, M.D., Guthrie, Okla.
7. Renal Calculi Surgically Treated.....F. M. Andrus, M.D., Lincoln, Neb.
8. Fibroid in Gluteal Region.....H. H. Helbing, M.D., St. Louis, Mo.
9. Gall-Bladder Lesions.....J. Stewart Hagen, M.D., Cincinnati, Ohio.
10. Treatment of Potts' Fracture.....V. P. Wilson, M.D., Cincinnati, Ohio.
11. Thyroidectomy.....L. E. Russell, M.D., Cincinnati, Ohio.
12. Pituitrin in Surgery.....E B. Shewman, M.D., Cincinnati, Ohio.
13. Subject to be Announced.....F. L. Wilmeth, M.D., Lincoln, Neb.
14. Subject to be Announced.....W. N. Ramey, M.D., Lincoln, Neb.
15. Subject to be Announced.....W. L. Heeve, M.D., Brooklyn, N. Y.

Section III—Materia Medica.

Chairman—H. W. Felter, M.D., Cincinnati.
Vice-Chairman—N. M. Glenn, M.D., State College, Pa.
Secretary—J. P. Harvill, M.D., Nashville, Tenn.
Address: American Materia Medica for the American Physician..... Finley Ellingwood, M.D., Chicago, Ill.

1. Hypodermic Medicines.....J. U. Lloyd, Phar. M., Cincinnati, Ohio.
2. Lobelia.....Finley Ellingwod, M.D., Chicago, Ill.
3. Camphor in Pneumonia.....R. L. Thomas, M.D., Cincinnati, Ohio.
4. Eryngium.....A. F. Stephens, M.D., St. Louis, Mo.
5. Therapeutics of Urinary Tract.....A. F. Stephens, M.D., St. Louis, Mo.
6. Therapeutics of Otitis Media.....W. N. Mundy, M.D., Forest, Ohio.
7. Macrotys.....W. P. Best, M.D., Indianapolis, Ind.
8. Echinacea.....W. P. Best, M.D., Indianapolis, Ind.
9. Pilocarpus.....B. E. Dawson, M.D., Kansas City, Mo.
10. Therapeutics of Amenorrhea.....H. W. Powers, M.D., Amherst, Ohio.
11. Therapy of Nasal Catarrh.....N. M. Dewees, M.D., Cambridge, Ohio.
12. Belladonna.....N. M. Dewees, M.D., Cambridge, Ohio.
13. Bryonia.....W. H. Moreland, M.D., Hickory Ridge, Ark.
14. Therapeutics of Malarial Toxemia....W. H. Moreland, M.D., Hickory Ridge, Ark.
15. Potassium Iodide.....J. B. Barker, M.D., Piqua, Ohio.
16. Hypnotics.....F. D. Postle, M.D., Shepard, Ohio.
17. Therapeutics of Acute Conjunctivitis.....R. C. Heflebower, M.D., Cincinnati, Ohio.
18. Hydrastis in Ocular Disorders.....R. C. Heflebower, M.D., Cincinnati, Ohio.
19. Rhus Toxicodendron.....O. C. Beard, M.D., Chanute, Kansas.
20. Echinacea.....W. G. Choate, M.D., Hot Springs, Ark.
21. Therapeutics of Syphilis.....W. G. Choate, M.D., Hot Springs, Ark.
22. Ergot.....Lee Strouse, MD., Covington, Ky.
23. Therapeutic Bedside Experiences...H. H. Blankmeyer, M.D., Aransas Pass, Texas.
24. Cocaine.....J. B. Harbert, M.D., Bellefontaine, Ohio.
25. Nux Vomica.....S. W. Moreland, M.D., Jonesboro, Ark.
26. Therapeutics of the Eruptive Diseases.....S. W. Moreland, M.D., Jonesboro, Ark.
27. Belladonna.....M. F. Bettencourt, M.D., Mart, Texas.
28. Therapeutics of Erysipelas.....M. F. Bettencourt, M.D., Mart, Texas.
29. Lobelia.....A. F. Davidson, M.D., Poplar Bluff, Mo.
30. Respiratory Therapeutics.....A. F. Davidson, M.D., Poplar Bluff, Mo.
31. Fluid Extract of Chestnut Leaves.....J. P. Harvill, M.D., Nashville, Tenn.
32. Specific Medication.....John K. Scudder, M.D., Cincinnati, Ohio.
33. Senecio.....T. D. Hollingsworth. M.D., Akron, Ohio.
34. Therapeutics of Functional Rreproductive Disorders....T. D. Hollingsworth, M.D., Akron, Ohio.
35. Specific Medicine Senecio.....J. O. Cummins, M.D., Nashville, Tenn.
36. Specific Medicine Bryonia.....M. M. Harvill, M.D., Nashville, Tenn.
37. Some Cardiac Remedies.....J. Harvill Hite, M.D., Nashville, Tenn.

38. Indications for Specific Medicine Baptisia...F. P. McKiel, M.D., Nashville, Tenn.
39. Sodium Sulphate.....R. L. Eaton, M.D., Nashville, Tenn.
40. Subject to be Announced.....Byron Nellans, M.D., Cincinnati, Ohio.
41. Subject to be Announced.....Geo. T. Fuller, M.D., Mayfield, Ky.
43. Iodine.....Harry A. Shafor, M.D., Detroit, Mich.
44. Therapeutics of Acute Infections.....Harry A. Shafor, M.D., Detroit, Mich.
45. Subject to be Announced.....H. W. Felter, M.D., Cincinnati, Ohio.
46. Crataegus, a Clinical Study.....J .Fraser Barbrick, M.D., Los Angeles, Cal.
47. Phytolacca.....Herbert T. Webster, M.D., Oakland, Cal.
48. Novocaine Anesthesia.....E. B. Shewman, M.D., Cincinnati, O.

Section IV—Obstetrics.

Chairman—H. H. Helbing, M.D., St. Louis, Mo.
Vice-Chairman—Pina M. Welbourne, M.D., Los Angeles, Cal.
Secretary—F. M. Bettencourt, M.D., Mart, Texas.

1. Unusual Occurrences .....B. K. Jones, M.D., Kenton, Ohio.
2. The Lying In Period .....J. D. McCann, M.D., Monticello, Ind.
3. Some Pointers in Obstetrics .....B. W. Mercer, M.D., Tiffin, Ohio.
4. Normal Labor .....G. O. Hulick, M.D., E. St. Louis, Ill.
5. Obstetric Practice in a Metropolis .....O. H. Rohde, M.D., Brooklyn, N. Y.
6. Placenta Previa. My First and Only Case....B. E. Dawson, M.D., Kansas City, Mo.
7. Ectopic Pregnancy .....E. B. Shewman, M.D., Cincinnati, O.
8. Our Mistakes .....W. Van Nette, M.D., Clyde, Ohio.
9. Pituitrin; Its Use and Abuse .....Carll S. Mundy, M.D., Toledo, O.
10. Cesarean Section.....H. H. Helbing, M.D., St. Louis, Mo.
11. Aids to the Parturient Woman.....H. H. Blankmeyer, M.D., Aransas Pass, Texas.
12. General Care During the Puerperium..Florence Tippett Duvall, MD., Atlanta, Ga.
13. Care of the Mothers' Breasts.....Rosa B. Gates, M.D., Waco, Texas.
14. Attetio Dnuring the Lying-In Period.....Harry R. Werner, M.D., Thomas, W. Va.
15. Uterine Inertia.....M. A. Cooper, M.D., Childress, Texas.
16. Care of the Perineum.....Luther V. Bates, M.D., Waco, Texas.
17. General Care of the Pregnant Woman....W. B. Hartwig, M.D., Wileyville, W. Va.

Section V—Public Health.

Chairman—H. A. Shafor, M.D., Detroit, Mich.
Vice-Chairman—G. E. Potter, M.D., Newark, N. J.
Secretary—M. E. Daniel, M.D., Honey Grove, Texas.

1. Medical Inspection of School Children .....H. A. Shafor, M.D., Detroit, Mich.
2. Control of Typhoid Fever and Diphtheria....Carll S. Mundy, M.D., Toledo, Ohio.
3. Resume, Department of Health, New Jersey, 1915.G. E. Potter, M.D., Newark, N. J.
4. Subject unannounced .....W. H. Price, M.D., Detroit, Mich.
5. Subject unannounced.....Guy Kiefer, M.D., Detroit, Mich.
6. New Jersey Mosquitoes .....G. E. Potter, M.D., Newark, N. J.
8. The Female Aspect of Child Labor.....M. B. Pearlstien, M.D., Brooklyn, N. Y.

Section VI—Nervous and Mental Diseases.

Chairman—W. E. Postle, M.D., Shepard, Ohio.
Vice-Chairman—F. S. Peck, M.D., Oklahoma City, Okla.
Secretary—F. E. Hufnail, M.D., Minneapolis, Minn.

1. Certain Psychoses as Found in Children.....T. D. Adlerman, M.D., Brooklyn, N. Y.
2. Paranoia .....F. E. Hufnail, M.D., Minneapolis, Minn.
3. Some Psychological Stigmata of Tuberculosis.H. von Unruh, M.D., Brooklyn, N. Y.
4. Are We All Insane?.....Theo. D. Adlerman, M.D., Brooklyn, N. Y.
5. Some Forms of Insanity not Usually Recognized.....F. S. Peck, M.D., Oklahoma City, Okla.

Section VII—Gynecology and Orificial Surgery.

Chairman—B. E. Dawson, M.D., Kansas City, Mo.
Vice-Chairman—J. S. Hagen, M.D., Cincinnati, Ohio.
Secretary—M. B. Pearlstein, M.D., Broklyn, N. Y.

1. A Plea for Non-Operative Gynecology....Allen Bush, M.D., Morgantown, W. Va.
2. Gynecological Reflex Neuroses .....A. F. Stephens, M.D., St. Louis, Mo.
3. The After Treatment of Orificial Surgery....W. E. Kinnett, M.D., Peoria, Ill.
4. Indications for Subtotal Hysterectomy.....E. B. Shewman, M.D., Cincinnati, O.
5. Prolapsus of the Uterus, Including Cystocele and Rectocele.....
   H. H. Helbing, M.D., St. Louis, Mo.

6. Some Orificial Facts, Hints and Suggestions..B. E. Dawson, M.D., Kansas City, Mo.
7. Observations in Orificial Surgery.....F. G. H. Meckfessel, M.D., Albert, Kan.
8. A Case of Insanity Cured by Orificial Surgery.....H. F. Webster, M.D., Oakland, Cal.
9. Diseases of the Uterus.....Chas. Woodard, M.D., Chicago, Ill.
10. Ovarian Cysts.....E. B. Shewman, M.D., Cincinnati, Ohio.

Section VIII—Pediatrics.

Chairman—Emile Brunor, M.D., New York, N. Y.
Vice-Chairman—G. C. Porter, M.D., Linton, Ind.
Secretary—W. N. Mundy, M.D., Forest, Ohio.

1. The Child and the Lower Orificial Reflexes ..Geo. C. Porter, M.D., Linton, Ind.
2. Arthritis **Deformans** .....E. M. Wright, M.D., Warsaw, Ohio.
3. The Backward Child .....W. E. Postle, M.D., Shepard, Ohio.
4. Some Problems in Infant Feeding .....F. O. Williams, M.D., Columbus, Ohio.
5. Pneumonia .....Florence Stir Smith, M.D., Newark, Ohio.
6. Tubercular Infection in Children.....H. V. Brown, M.D., Los Angeles, Cal.
7. Hormone Therapy in Pediatrics.....H. C. Smith, M.D., Glendale, Cal.
8. Gastro-Enteritis .....Allen Bush, M.D., Morgantown, W. Va.
9. Chickenpox .....Janet D. Quinn, M.D., Newport, Ky.
10. Pneumonia .....G. H. Smith, M.D., Kansas City, Kan.
11. Syphilis in Children .....Clinton Roath, M.D., Los Angeles, Cal.
12. Infant Nutrition in **Health and Pathology**.....Ivadell Rogers, M.D., Lawrenceburg, Tenn.
13. Scarlet Fever .....Ida F. Kittredge, M.D., St. Louis, Mo.
14. The **Child and the Lower Orifices**.....J. H. Hauck, M.D., Terre Haute, Ind.
15. The **Naso-Pharynx** .....J. P. Harbert, M.D., Bellefontaine, Ohio.
16. **Diphtheria** .....H. S. Lowrance, M.D., Chebanse, Ill.
17. Errors of Refraction in Children.....R. C. Heflebower, M.D., Cincinnati, Ohio.
18. Gastro-Enteritis .....W. N. Tindall, M.D., Shelbyville, Tenn.
19. Typhoid Fever .....A. J. Nellans, Shelburn, Ind.
20. Scarlet Fever .....H. S. Lowrance, M.D., Chebanse, Ill.

Section IX—Pathology.

Chairman—C. L. Johnstonbaugh, M.D., Bethlehem, Pa.
Vice-Chairman—H. L. Henderson, M.D., Astoria, Oregon.
Secretary—Rosa B. Gates, M.D., Waco, Texas.

1. Some Pathological Conditions .....C. D. R. Kirk, M.D., Shuqulak, Miss.
2. Pellagra.....G. M. Williams, M.D., Merkel, Texas.
3. Disastrous Reflexes from Obscure Pathology .....Ben. E. Dawson, M.D., Kansas City, Mo.

Section X—Genito-Urinary Diseases.

Chairman—G. O. Hulick, M.D., East St. Louis, Ill.
Vice-Chairman—H. Dincin, M.D., Brooklyn, N. Y.
Secretary—C. E. Laws, M.D., Ft. Smith, Ark.

1. Operations on the Prostate.....H. H. Helbing, M.D., St. Louis, Mo.
2. Cause of Cystitis .....H. S. Lowrance, M.D., Chebanse, Ill.
3. Gonorrhea in the Female .....G. O. Hulick, M.D., E. St. Louis, Ill.
4. Stricture, Causes and Treatment.....B. C. Minkler, M.D., Des Moines, Iowa.
5. Injection Treatment for the Cure of Gonorrhea.....J. D. Stewart, M.D., Detroit, Mich.
6. Some Facts and Falacies in the Treatment of Gonorrhea.....
   J. E. G. Waddington, M.D., Detroit, Mich.

Section XI—Ophthalmology.

Chairman—J. C. Solomon, M.D., Los Angeles, Cal.
Vice-Chairman—**J. H. Powell, M.D.**, Atlanta, Ga.
Secretary—J. P. Harbert, M.D., Bellefontaine, Ohio.

1. The Cataract Operation.....J. H. Powell, M.D., Atlanta, Ga.
2. Sinustitis .....J. P. Harbert, M.D., Bellefontaine, Ohio.
3. Eye Affections in Congenital Syphilis.....J. C. Solomon, M.D., Los Angeles, Cal.
4. Prophylaxis of Ophthalmia Neonatorum.....J. C. Solomon, M.D., Los Angeles, Cal.
5. The Surgery of the Tonsils.....J. Fraser Barbrick, M.D., Los Angeles, Cal.

PRINCIPAL CAUSES OF DEATH.

According to a preliminary announcement with reference to mortality in 1914, issued by Director Sam L. Rogers, of the Bureau of the Census, Department of Commerce, and compiled by Mr. Richard C. Lappin, chief statistician for vital statistics, more than 30 per cent. of the 898,059 deaths reported for that year in the "registration area," which contained about two-thirds of the population of the entire United States, were due to three causes—heart diseases, tuberculosis and pneumonia—and more than 60 per cent. to eleven causes—the three just named, together with Bright's disease and nephritis, cancer, diarrhea and enteritis, apoplexy, arterial diseases, diphtheria, diabetes, and typhoid fever.

The deaths from heart disease (organic diseases of the heart and endocarditis) in the registration area in 1914 numbered 99,534, or 150.8 per 100,000 population. The death or mortality rate from this cause shows a marked increase as compared with 1900, when it was only 123.1 per 100,000.

Tuberculosis in its various forms claimed 96,903 victims in 1914, of which number 84,366 died from tuberculosis of the lungs (including acute miliary tuberculosis). As a result of a more general understanding of the laws of health, the importance of fresh air, etc., due in part, no doubt, to the efforts of the various societies for the prevention of tuberculosis, there has been a most marked and gratifying decrease during recent years in the mortality from this scourge of civilization. In only a decade—from 1904 to 1914—the death rate from tuberculosis in all its forms fell from 200.7 to 146.8 per 100,000, the decline being continuous from year to year. This is a drop of more than 25 per cent. Prior to 1904 the rate had fluctuated, starting at 201.9 in 1900. Even yet, however, tuberculosis has the gruesome distinction of causing more deaths annually than any other form of bodily illness except heart diseases, and over 40 per cent. more than all external causes—accidents, homicides, and suicides combined.

Pneumonia (including bronchopneumonia) was responsible for 83,804 deaths in the registration area in 1914, or 127 per 100,000—the lowest rate on record. The mortality rate from this disease, like that from tuberculosis, has shown a marked decline since 1900, when it was 180.5 per 100,000. Its fluctuations from year to year, however, have been pronounced, whereas the decline in the rate for tuberculosis has been nearly continuous.

The only remaining death rate higher than 100 per 100,000 in 1914 was that for Bright's disease and acute nephritis, 102.4. The total number of deaths due to these maladies in 1914 was 67,545, more than nine-tenths of which were caused by Bright's disease and the remainder by acute nephritis. The mortality from these two causes increased from 89 per 100,000 in 1900 to 103.4 in 1905, since which year it has fluctuated somewhat.

Next in order of deadliness come cancer and other malignant tumors, which filled 52,420 graves in 1914. Of these deaths, 19,889, or almost 38

per cent., resulted from cancers of the stomach and liver. The death rate from cancer has risen from 63 per 100,000 in 1900 to 79.4 in 1914. The increase has been almost continuous, there having been but two years—1906 and 1911—which showed a decline as compared with the years immediately preceding. It is possible that at least a part of this indicated increase is due to more accurate diagnoses and greater care on the part of physicians in making reports to registration officials.

Diarrhea and enteritis caused 52,407 deaths in 1914, or 79.4 per 100,000. This rate shows a marked falling off as compared with the rate for the preceding year, 90.2, and a very pronounced decline as compared with that for 1900, which was 133.2. Nearly five-sixths of the total number of deaths charged to these causes in 1914 were of infants under two years of age.

Apoplexy was the cause of 51,272 deaths, or 77.7 per 100,000. The rate from this malady has increased gradually, with occasional slight declines, since 1900, when it stood at 67.5.

Arterial diseases of various kinds—atheroma, aneurism, etc.—caused 15,044 deaths, or 22.8 per 100,000, in the registration area.

No epidemic disease produced a death rate as high as 18 per 100,000 in 1914. The fatal cases of diphtheria and croup—which are classed together in the statistics, but practically all of which are of diphtheria—numbered 11,786, or 17.9 per 100,000, in that year, the rate having fallen from 43.3 in 1900. This decline of nearly 59 per cent. is relatively greater than that shown by any other important cause of death. The rate has not fallen continuously, but has fluctuated somewhat from year to year.

Diabetes was the cause of 10,666 deaths, or 16.2 per 100,000. The rate from this disease has risen almost continuously from year to year since 1900, when it was 9.7 per 100,000.

The mortality rate from typhoid fever has shown a most gratifying decline since 1900, having decreased from 35.9 per 100,000 in that year to 15.4 in 1914, or by 57 per cent. This decline has been almost as great, relatively, as that for diphtheria, and has been greater than that for any other principal cause of death. The total number of deaths due to typhoid fever in 1914 was 10,185. The marked decrease in the mortality from this disease gives emphatic testimony to the effectiveness of present-day methods, not only of cure but of prevention. The efficacy of improved water supply and sewage systems, of the campaign against the fly, and of other sanitary precautions is strikingly shown by the reduction of the typhoid mortality rate to the extent of more than five-ninths in fourteen years.

Whooping Cough, Measles, and Scarlet Fever.—The principal epidemic maladies of childhood—whooping cough, measles, and scarlet fever—were together responsible for no fewer than 15,617 deaths of both adults and children, or 23.7 per 100,000, in the registration area in 1914, the rates for the three diseases separately being 10.3, 6.8, and 6.6, respectively. In 1913 measles caused a greater mortality than either of the other diseases, but in 1914 whooping cough had first place. In every year since and including 1910, as well as in several preceding years, measles has caused a

greater number of deaths than the much more dreaded scarlet fever. The mortality rates for all three of these diseases fluctuate greatly from year to year. The rates for measles and scarlet fever in 1914 were the lowest in fifteen years, while that for whooping cough was considerably above the lowest recorded rate for this disase, 6.5 in 1904, although far below the highest, 15.8 in 1903.

Railway and Street Car Accidents.—Deaths due to railway accidents and injuries totaled 7,062, or 10.7 per 100,000. This number includes fatalities resulting from collisions between railway trains and vehicles at grade crossings. The death rate from railway accidents and injuries is the lowest on record and shows a most marked and gratifying decline as compared with the rate for 1913, which was 13 per 100,000, and a still more pronounced drop from the average for the five-year period 1906-1910, which was 15 per 100,000.

Deaths resulting from street car accidents and injuries numbered 1,673, or 2.5 per 100,000. This rate, like that for railway fatalities, is the lowest on record and shows a material falling off as compared with 1913, when it was 3.2, and as compared with the average for the five-year period 1906-1910, which was 3.7.

Suicides.—The number of suicides reported in 1914 was 10,933, or 16.6 per 100,000 population. Of this number, 3,286 accomplished self-destruction by the use of firearms, 3,000 by poison, 1,552 by hanging or strangulation, 1,149 by asphyxia, 658 by the use of knives or other cutting or piercing instruments, 619 by drowning, 225 by jumping from high places, 89 by crushing, and 85 by other methods.

In Hippocrates' time, constipation and intestinal indigestion were overcome by means of purging and the advice that the patient should not eat garlic, cheese and hot bread. Three hundred years later Aretæus endeavored to found pathology on a firm basis and described intestinal ulcer in dysentery. Celsus in 100 A. D. gave enemas instead of purgatives, and used aloes for constipation. Alexander of Trallez in the seventh century taught that opium should be used with caution in diarrhea, and Paulus Aegineta about the same time used rhubarb as a cathartic, while in the tenth century senna and licorice were added.—*When Did It Happen? Published by Reed & Carnrick.*

READING NOTICES.

W. B. Saunders Company, publishers, of Philadelphia and London, have just issued their 1916 eighty-four page illustrated catalogue. As great care has evidently been taken in its production as in the manufacture of their books. It is a descriptive catalogue in the truest sense, telling just what you will find in their books and showing you by specimen cuts the type of illustrations used. It is really an index to modern medical literature, describing some 300 titles, including forty-five new books and new editions not in former issues. A postal sent to W. B. Saunders Company, Philadelphia, will bring you a copy—and you should have one.

pp. 309-10 missing

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PNEUMONIA.

W. E. DANIELS, M.D., MADISON, S. DAK.

It is not my intention to enter into the etiology, pathology or even symptomatology of this very common disease, but rather to call your attention and, if possible, awaken an interest in the malady that visits all parts of our country and creates such havoc in both sexes, old and young alike. I have witnessed its destructive work in the sun-kissed lands of Florida, I have seen it take scores of both old and young in Southern Texas and Northern Mexico, and some five years ago, while sojourning on the golden shores of Southern California, I saw its fearful work there. All lands of Europe, Asia and Africa, are called upon to pay tribute to its demands, and when I state that fully 25 per cent. of all deaths are due directly or indirectly to this disease alone it ought to awaken in us, as members of the great healing art, an interest. I shall not divide and subdivide this disease into its many parts.

A paper on broncho-pneumonia alone could be made long enough to take all the time of this society at this session, and then not be exhausted. If you care to take up any of the subdivisions, such as acute, or chronic catarrhal pneumonia, lobar or interstitial, or even bronchitis, any text-book will give you better etiology and pathology than I can possibly do in a paper of this kind and at this time. I am aware that some of you who are specialists will split hairs and want to take up the various kinds of pneumonia and tell us how they ought to be treated and how you handled them, but I am old-fashioned enough and have doctored so long that about all the divisions I make now is lung fever. And when I am called in or called as counsel, I observe that while M.D.'s diagnose lobar or broncho-pneumonia they treat each kind or division about the same and about the only difference they do make is the length of time it will take the patient to recover. I am not going to enter into any lengthy treatment, for I would rather give you the time to outline your method of handling and treating these cases, and give us the result of your treatment. That we should treat these cases systematically and specifically I think we will all agree, that is, as to the special remedy.

Now, in my own cases, if I am called the first twenty-four or thirty-six hours, there are three remedies that enter into every case, unless specifically contraindicated, and these three remedies are asclepias in full doses and the fuller the better; veratrum vir., good full doses, and tar. emet. Oh, I can hear some of you catch your breath when I say tar. emet., but it is the nearest similium remedy we have, and while the regulars have used it in 20 or 30 grain doses and perhaps cured a few they have killed many more, but if it is used in the first or second trituation it has no peer and few equals. Then, of course, there comes gelsemium, belladonna, bryonia, phosphorus, arsenic, ipecac, all to be chosen for their specific action.

Can pneumonia be aborted? Yes, and there is no doubt in my mind. And if not aborted it can be cut short and modified very much if the case is seen early and proper treatment is administered. And I think that the surest and safest way is to use the three remedies which I have already mentioned. Of course, one must use judgment in the administration of as powerful a remedy as veratrum. But if the remedy is given up to its fullest capacity in the first few hours of the disease there is no question in my mind but what many cases are and can be aborted, and there is no safer remedy that can be used with old or young and pushed to its full limit as asclepias.

I have not mentioned any of the local preparations that may be used. As for myself, in ordinary country practice, I have gotten in the habit of using the compound lobelia powder and find that it gives me very good results.

THE PREPARATION OF THE EXPECTANT MOTHER.

Janet D. Quinn, M.D., Newport, Ky.

This is an interesting subject, and we are finding better methods of taking care of the woman during this expectant period. If it were possible, we should begin educating the young girl from the age of fourteen in the right manner of living so that she may fulfill the greatest task given to women. As this is one of the much discussed questions of the day, it may be a possibility in the future. As it is, we can only do our duty to the expectant mothers who apply to us for advice.

A normal woman may have very little disturbance and does not come under the physician's care until the end of pregnancy. As for conditions arising during this period that need medication there is not one of you that is unable to cope with them—Study your cases. I am taking a case that applies to you, regarding what they should do to have a healthy baby, as that is the one thing desired.

1. Congenial surroundings, both for health of mother and child are essential. Wealth and luxury are not needful, but comfort and agreeable companionship are desirable, with freedom from excessive physical burdens.

Women to-day are suffering from lack of vitality, caused by overwork of their mothers during gestation. The woman who indulges in excessive gaieties of fashionable life, deprives her child of vitality, as well as the overworked woman.

2. Proper Dressing.—Clothing worn loosely, so there will be no restriction to respiration, no interference with digestion, no obstruction to circulation; during this period there should be no hinderance to the development and elevation of the uterus.

3. Exercise.—Motion is the law of nature, without exercise food can not be assimilated, muscles lose tone and power, nerves become prostrated.

Exercise should not be carried to actual fatigue. Housekeeping interests a woman, and she will have plenty of exercise attending to her home, avoiding the laborious parts.

Walking is one of the best exercises, as it keeps her in open air—deep breathing to oxygenate the blood, expand chest walls and strengthens abdominal muscles. Going up and down stairs, inhale a good deep breath, fill the lungs with fresh air, keep mouth closed, hold the breath until top of stairs is reached then expel slowly. This is important, as many women are careful not to use their lungs—teach them to breathe.

4. Proper food during pregnancy is not more necessary for health and strength of mother than to give normal development to the child, and has much to do with ease or severity of labor.

Her food should consist of articles that are nutritious, but not stimulating, regular time for meals, food to be thoroughly masticated.

Plenty of fluids, milk, butter milk, water between meals and see to it that they attend to the fluids.

Use very little meat—vegetable and fruit diet—especially acid fruits.

This diet will decrease the hardness of bony structure of child and renders labor much easier.

5. Baths.—The processes of nutrition and waste, are more active in the pregnant woman. The sponge bath taken in the morning, three times a week, is stimulating. It should be taken immediately on arising, while the body temperature is warm enough to insure thorough reaction. The colder one can use the water more sure is the reaction. Begin bathing the upper part of the body only, and in a short time you will be able to bathe the entire body, this is to be followed by friction with a Turkish towel. Then take deep inspirations of fresh air for five minutes. This bath has a tonic effect on the body and ten minutes is the time required for it.

Sitz Bath.—During the last three months of pregnancy this is most desirable, to be taken just before retiring. Begin using water at a temperature of 90° F., gradually decrease the temperature to 60° F.—remain in this bath for from five to eight minutes, let the water come up well over the hips and abdomen—then use a rough towel and hand friction and your

patient will not be troubled with insomnia. If no proper bath tub is at hand use an ordinary wash tub raised on one side on a stick of wood.

And during this last three months, do not neglect the preparation of the breasts. I have had many cases follow these directions and in nearly all of them good results followed.

PAINLESS PARTURITION.

J. M. Wells, M.D., Vanceburg, Ky.

"Unto the woman he said, I will greatly multiply thy pain, and thy conception; in pain thou shalt bring forth children; and thy desire shall be to thy husband, and he shall rule over three." Gen. 3-16.

This was a curse inflicted on Mother Eve for disobedience, and we find to-day that woman is still more or less disobedient, both to God and man, and her desire is so strong for her husband (a man), that she often goes to the bad because of that desire. Up to the time of the curse she had not conceived, but, soon after being driven out of the Garden, conception occurred, and this strange and peculiar phenomena since that time has been occurring at frequent intervals, under the slightest provocation, and nearly always undesired.

The present covenant coming, abrogated the curse ("Old things have passed away, and all things have become new"), but the pains of parturition remain. Therefore, since the passing of the curse with the "old things," an attempt to remove the pangs of parturition is in no way a violation of God's edict. At once comes the question, is painless parturition possible? We answer without hesitation, yes.

Given a young woman (and we encountered one such this morning while making a call on an old lady), brought up fifteen miles from my place——on the head of a creek where the hills are so steep that to plow them is impossible, and the cultivation of the crops is done with a hoe—whose facial features and complexion would defy and put to shame the efforts of the best artist to even imitate; her short sleeves revealed a forearm round, plump, firm, larger than my own, and a wrist that would ornament a diamond-bespangled, blue-enameled gold bracelet. We have attended a few of the brought up in the open air, work in the field primipara, and beheld them come down to labor, to the full dilatation of the os without a pain. To be sure, there was some sensation which told them labor was beginning, but no real pain. At the end of full dilatation, three or four expulsive uterine throes and all would be over, and all this without one groan, moan, or murmur. But what shall we do for those brought up in the leisure of city life, fashions and fads, crippled with corsets and other viscera displacing devices, and who know not of the pleasure of being normally well? Ah, this is the case which stubs the toe of medical science, racks our brain, robs our nights of sleep, spreads a mantle of mourning, and brings bereavement to the home. Can nothing be done? Yes,

much if false modesty among country folks and fastidiousness of the city kind would but let us.

First, let a woman when she first finds that she is in *this way* consult her family physician, and he, if he is a sensible one, will go into a close and rigid examination of her case; holding up to the light, as it were, every little ailment, no matter how trivial, giving each one the specific treatment indicated. All the secretions must be carefully looked after, from the mouth, skin, kidneys, bowels and vagina, and proper treatment instituted; and she must be instructed to keep back nothing, but tell it all, making a complete confident of the consultant. Often a modesty, or diffidence prompts them to refrain from making statements which appear of small moment to them, but which are of much importance to the physician making a careful study of the case, and let us emphasize lest *he* should forget, that it is the small things in medicine which count for great things in the end.

Having come to a full knowledge of the case thus far, we advise that for the last three months of gestation she refrain from eating any meats. This will insure a plump well-developed babe, but not over-grown, if in addition to this she be directed to live principally on a subacid fruit diet. Then we further advise that every evening at dusk she walk a half mile, and return at a good brisk gait, take a tepid water bath, sponging the privates and lower abdomen for from ten to fifteen minutes, dry them well and give them a thorough rubbing with olive oil, after which she should retire for the night. Mild means should be used to secure a full and copious evacuation of the bowels every morning, if the fruit diet does not cause the same. For the last two months of her carrying period she should have caulophyllum (spec.) one drachm, water four ounces, mix, S, a teaspoonful every three hours. My word for it if she conforms to and complies with all the advice and directions set forth in this short paper, when the doctor receives the call he will have to hustle if he arrives in time, even if she lives only a few blocks from his office; and if the call is several miles in the country he is nearly sure to be late, and miss a part of the fee; and this becomes one of the cardinal objections to this plan of treatment, because it obviates a long and tedious labor, and lessens the fee by eliminating the use of forceps. No H. M. C. or morphine and scopolamine treatment can be as safe, efficient and satisfactory as the above course, and if we add to this during the few last throes of labor a few whiffs of chloroform the patient will rise up and bless us the remainder of our days.

PITUITARY EXTRACT.

M. S. Canfield, M.D., Frankfort, Ind.

The responsibility of one who assumes the care of the sick has always been regarded serious, and well it should be. We hail with gladness anything that ameliorates the condition of the afflicted. Especially is this

true when we consider the untold pain and misery associated with the mother in child-birth.

Therefore, when we were told of pituitrin and its oxytocic power we were not slow in satisfying ourselves if this was true. I do not think any obstetrician can afford to neglect to investigate the literature on the use of the hypophysis as an oxytocic.

Our German friends have done much to work out its practical application, yet much has been developed by the Austrians. Many of our own people (Americans), have written extensively on its use. The surprising part is that almost all reports have been laudatory, when properly used. When we consider that the pituitary hyperthophies during pregnancy, frequently to twice its normal size, we ask ourselves what effect does this secretion of the hypophysis have on the origin of labor pains, etc. Future investigations will develop much in this line that is unknown to the present age.

The pituitary extract which I have used is one made or prepared by Parke, Davis & Co. It is known as pituitrin. It is put up in ampules for hypodermic use, 1 c.c. each. When given subcutaneously its effect is very quick, often marked in ten to twelve minutes. It is said to be a galactagogue, but I have never noticed this in my own practice. It is non-toxic and non-cumulative, and a prophylactic against vesical atony, and, therefore, catheterization is rarely, if ever, necessary as a post-partum means. The pituitary extract should be given during the second or third stage of labor. Do not give it too soon, for certainly it will have its effect in a very few minutes when given. It is the greatest stimulant to uterine contractions known to me. I think its greatest value is in uterine inertia, and, therefore, it has no place in a normal labor. When used judiciously and with a proper appreciation of the danger of so powerful a remedy it will be a blessing to the child-bearing woman.

SYPHILIS.

W. G. Choate, M.D., Hot Springs, Ark.

After receiving the communication from Dr. Laws, asking me to prepare a paper to read before this body of distinguished medical men, and after studying a few days as to what might be interesting, I wrote him that I would read a paper on "The Diagnosis and Treatment of Syphilis." I do not know of any subject that medical men encounter more often than they do syphilis in some of its forms, and I do not know of any disease that is more often neglected, both through carelessness and ignorance of the general practitioner, and I must say some specialists in this one disease.

As to the history of syphilis we are not sure, but it undoubtedly existed hundreds of years before Christ, and some authors very frequently quote from the Bible to prove this, Numbers 25:28 and 31:16-17; 18th chapter of Leviticus.

Syphilis is a contagious disease and it is chronic in evolution, intermittent in manifestation, and indefinite in duration. It is caused by a microorganism, "spirocheta pallida," fourteen microns in length, and most only a quarter of a micron in width; its form is that of a corkscrew with sixteen, eighteen and even twenty-four turns; it is active in motion when examined in the fresh smear, and may show this activity for days in a salt solution when the tissues are kept from twenty to twenty-seven degrees C.

Syphilis is divided into three periods: Primary, secondary and tertiary. The primary stage manifests itself usually in from fourteen to twenty-four days in the form of a hard chancre on the tissues where infection takes place, which is usually on the penis. However, it has been known to occur on the mouth, nose, ear, cheek and rectum. This is the first manifestation of syphilis and is not hard to recognize and diagnose, if some of the serum be taken from the chancre and examined for the spirochete. I prefer Roescher's method of taking this serum, which is as follows: The surface of the sore is cleaned with alcohol, irrigated with a salt solution and dried. It is then scraped with a needle to avoid drawing blood, but bringing out a good deal of serum. Smears are made from the serum and in it the spirochetæ will be found. I prefer Geisman's India ink method. But we have cases of syphilis wherein we get no history of a primary lesion. These are the cases that go untreated, as a rule, and in after years cause nervous lesions, hardening of the arteries, locomotor ataxia, paralysis and kindred diseases of the nervous system.

The secondary period, which usually makes its appearance in from six weeks to six months, is characterized by the appearance of generalized symmetrical eruptions, copper colored in appearance, sore mouth, throat, known as the mucous patches, sometimes ulcerated conditions and falling hair. These are the conditions that most any one is able to diagnose and determine the disease they are dealing with, but unfortunately we can not always get the history. But I wish to say here that, where we do get this history, we do not have the tertiary lesions developing near so often and, when they do, they are not so severe, because of the fact that the patient has usually had thorough treatment and has avoided the severe nervous, bone, skin and other lesions.

As we pass on to the third stage, which usually makes its appearance in from six to eighteen months, it is likely to make its appearance in a hundred and one different ways, paralysis, locomotor ataxia, general anemia, periostitis, hardening conditions of the arteries. And I will say when you have a hardened condition of the artery, you generally have a high blood pressure and kidney lesions.

As I have covered primary, secondary and tertiary syphilis in a brief way, I will now speak of the disease as a whole in a general way before I proceed to the treatment of the same.

I first wish to speak of the relation of syphilis to marriage, as this has been a topic of general discussion from time immemorial. From experi-

ence, I am led to believe where a man has had proper treatment from the first, and in the course of two years, he will be able to marry and be the father of healthy offspring. However, if a man has not received thorough treatment (by this I mean external, internal and continuously), it is never, in my opinion, safe to advise him to marry and be the father of children born into this world syphilitic degenerates.

Relations of Stricture to Locomotor Ataxia.—I have never seen a case of locomotor ataxia following syphilis or any other diseases where there was not stricture. I only drop this suggestion for thought. I realize the fact that to cover syphilis in all its forms and phases (if I were capable of so doing) would tax the patience of you gentlemen too much, and I shall now proceed with the treatment. I wish to state that the treatment that I shall outline is not experimental with me, because I am using it every day, and in different cases, and it is now and has been for sometime a matter of fact, and I assure you that any one here who wishes to try it will not be disappointed if they will follow the directions I lay down.

If a case reports itself to me in the beginning, when we have the primary sore, I use some simple dusting powder on the sore, keep it clean and it will heal in a few days. I invariably give this patient a dose of salvarsan intravenously. I then begin with my mercury rubs and baths. I take an ounce of mercury, as a rule, and divide it into six papers, one of which I have rubbed every day until the patient becomes thoroughly saturated with mercury and, at the same time, I have the patient take a bath every other day, temperature 98° F., and stay in the bath ten minutes. When he is thoroughly saturated I usually vapor them out with hot baths, which requires from five to six days. Some one may ask the question: "How much mercury will it take to thoroughly saturate a man?" I will answer this question by saying that every man is a law unto himself, but it usually takes from four to six ounces and, when this treatment is through, I advise another dose of salvarsan. While we are doing this, the patient is taking internally echinacea an ounce, syrup of hydriodic acid seven ounces, two drachms taken in a quarter of a glass of water an hour after meals; specific berberis three to four drams, diast. iron to make six ounces, teaspoonful three to four times a day. I wish to state that if Eclectics have any one remedy that is a specific in the treatment of a disease, berberis is that specific. I put my patient on iron and berberis when they leave for home and the results are something marvelous. I keep them on this treatment until they return to the Springs. I am having no trouble in the treatment of this disease whatever. I sometimes use phytolacca and iris in conjunction with this treatment, and sometimes there will be an indication of some other specific drug, and if this treatment is followed out the bad condition which develops in the tertiary lesions will be avoided—not in most cases—but in *all* cases.

Unfortunately, we have a few men among us who do not know and

criticize the use of salvarsan. But where we see thousands of cases, we are in position to see the improvement in the patients who have had it.

In Hot Springs, Ark., we do not have the patient who is disgusting to handle any more, because the use of salvarsan has eradicated this condition. I am an Eclectic, therefore, I claim the right to use anything that is tried and found to be beneficial—it matters not where it comes from—and the man who condemns salvarsan does not know.

If you have a case where the pain is severe in the back of the head, pains shooting and darting in character in the legs, give from 20 to 40 drops of 1 per cent. solution bichloride of mercury in the vein, the pain will begin to disappear soon; repeat in a couple of days, if necessary. I have given a patient one every other day, until I give a dozen, in case after case, and the result has been wonderful. But where we see the cases that have paralysis, locomotor ataxia and ulcer, we have got to meet the conditions as we find them. For an ulcerated condition at this stage I am using salvarsan, the bichloride injection and a high frequency current. There are cases where I use intramuscular injection of ensol, but these cases are mean and tedious, but, if we will work consistently and patiently, we will get excellent results in a great many of them. In some of these cases I use the iodide of potassium, but I am frank to confess that I do not use it as often and as frequently now as I have in the past.

A CASE IN PRACTICE, OR USE OF THE SINUSOIDAL CURRENT.

J. D. McCann, M.D., Monticello, Ind.

Not being able to be present at the San Francisco meeting, I send you this report that has been of much interest to me while it caused me no end of worry and a lot of hard work. Mrs. E., some six years ago, began to have weak spells at intervals of three or four weeks. After a year or more the symptoms assumed the form of severe pains. These paroxysms would come on once in several weeks, then once a month, once a week, and then two or three a week, and at last three in one day.

In all these years she had been treated by many medical men, Osteopaths, Chiropractics, electricians and hydropaths. About two years ago, I was called to see her and found her suffering most severely. I gave her a one-fourth grain of morphine, hypodermically, which relieved her for the time being. She had a long strip of muslin, which she would pass around the body and a strong person at each end to pull with all their strength and for a few moments this would seem to give her some ease, then the pain would return with renewed fury. This pain would start about the third or fourth dorsal vertebra. It would then pass around the left side, following the line of the intercostal muscles to a point near the stomach. There was no variableness nor shadow of turning in the route of this demoralizing pain.

At times she would lie prostarate upon the floor with a hard cushion under her side and ask someone to press upon her as hard as they could. Heat had little, if any, value as a means of relief. The past year, when called, I would use an H. M. C. tablet, which seemed to have a better effect than the morphine alone.

Last winter, I installed in the office a small electric battery, which produced the sinusoidal current. I had been reading that this current had the power to contract and expand orifices, and it was in experimenting along this line that we stumbled over an engorged liver that medicine and other means had failed to make unload. The last day the patient was able to come to the office was a day of unusual pain. Three attacks which kept her suffering for many hours. The day previous we were able to stop the pain with the above-named current, but this time it refused to yield to repeated applications of the current or hypodermics of morphine. Some little time after reaching home her bowels began to move and for several days such nastiness as passed her bowels is seldom seen or smelled. Her sister, who acted as nurse, said that there was let loose a seven-year accumulation of stink.

To keep up the good work started, we gave her hepatic remedies that kept the liver and bowels moving quite freely for several days. The patient became very weak and her recovery was slow but seemingly sure, for after six months there has been no recurrence of the trouble.

An Indianapolis sugeon was on the right track in his diagnosis, but his medicine failed to work and the patient refused to have an operation as he suggested. I know but little about sinusoidal therapy, but I do know that everything had failed up to this time, and after the use of the current the liver duct opened and the contents expelled. More recently I have used the current in some nervous and uterine troubles with splendid results.

WHITEHEAD'S OPERATION.

Geo. G. Gere, M.D., San Francisco, Cal.

Whitehead's operation for the excision of the pile-bearing area, though acknowledged to be a radical cure for hemorrhoids, has been criticized, and perhaps justly, as it is difficult to perform, tedious and accompanied by profuse hemorrhage and sometimes followed by blood poisoning and later by strictures of the rectum. Nevertheless, it has been about the only method to make a satisfactory cure of chronic, extensive, hemorrhoidal troubles with relaxation and prolapse of the diseased mucous membrane.

The method, briefly, is to pull down the mucous membrane with a hemostat divided with scissors around the circumference a little above to a white line divided up from the sphincter till the whole pile-bearing area or mucous membrane can be pulled down. It is then divided a little at a time around its upper circumference, each portion when divided being

immediately secured by stitches to the skin to control hemorrhage and prevent retraction of the mucous membrane.

Pratt, recognizing the objection to this operation, devised what he named the "American operation," which differs from Whitehead's chiefly in that he makes his first circle incision at the upper margin of the diseased area, controlling the hemorrhage by tortion or ligatures, turning down a cuff of membrane and cuts it off.

The difference in these methods is about the same as that between tweedidledum and tweedidledee, the same difference and objections lying against both. For many years I have utilized a modification in the techniques of this operation which does away with most or all of these objections and makes the operation safe and simple. My method is as follows:

The bowels are thoroughly emptied by a cathartic the previous day and an enema in the morning of the operation. After the patient is anesthetized, the rectum is thoroughly dilated and injected with a 1/5000 bichloride solution and the mucous membrane scrubbed with soft gauze or cotton. The bulging diseased tissues are then caught with a half dozen hemostats, or preferably small forceps, and pulled down evenly, being held by an assistant, while the operator puts in a line of temporary mattress sutures through the skin one-half to one inch above the area into the anus of the gut above all diseased tissue. When these are tied all hemorrhage is restricted, the parts are held in place so that there is no restriction, and it is a simple matter to divide through the white line dissecting the diseased tissues and the edges of the skin and healthy mucous membrane together, after which the restraining mattress sutures are removed.

The uniting sutures may be of silk and uninterrupted, which is more accurate, but takes longer to place and requires removal after healing, or they may be of catgut and continuous, which is absorbed and quickly placed, although precaution must be taken against puckering. When catgut is selected it should be of a kind not too quickly absorbed, or some retraction of the mucous membrane may take place, leaving a raw surface which afterwards forms an objectionable scar. In either case a moderate dilatation is advisable after the suturing is finished and a fluid irrigation with a normal salt solution to remove any trace of bichloride which might cause irritation. After tying, it is advisable to apply a vaseline compress, keep the bowels confined for three days, then move them with a mild cathartic, directing the nurse to inject a little sterile olive oil into the anus just before the bowels move. The results are eminently satisfactory.

BRONCHO-PNEUMONIA OF CHILDREN.

H. J. Terpenning, M.D., Fulton, N. Y.

Broncho-pneumonia, also called capillary bronchitis and catarrhal pneumonia, is a disease of early life, occurring most frequently between the ages of six months and two years. It develops as a secondary manifesta-

tion, as a complication of bronchitis and of the infectious diseases, especially whooping cough, measles, diphtheria and influenza.

It may run an acute, subacute or chronic course. One child may suffer from broncho-pneumonia for one or two weeks, while another child may have it in the same form and be sick for eight or ten weeks. Anything that lowers the vitality of the child predisposes to catarrhal pneumonia.

Symptoms.—The symptoms are those of a bronchitis with all the symptoms intensified, increased fever, respiration and dyspnea, with marked restlessness. In some cases we have marked cyanosis. Respiration seems to be superficial and brings every muscle into play. There is an anxious expression on the face and the alæ nasi take part in respiration. The intercostal spaces and the epigastrium sink in at each inspiration. The respirations increase to 60 or 70 per minute, and the pulse to 130 or 150. The temperature may be as low as 100° F. or as high as 105° F. We usually have a low morning and a high evening temperature.

Broncho-pneumonia usually affects both lungs. At first the posterior lower portions, and from here infiltration extends upward.

Auscultation over the affected region shows numerous moist, fine rales. Percussion is very uncertain and may show slight dullness or it may be tympanic in the commencement; but if the patches spread and we have consolidation, we will have bronchial breathing and dullness. The expiration is short and moaning and the infant will have to release the nipple. The cough is frequent and painful.

The prognosis should be guarded in delicate children and in broncho-pneumonia following diphtheria, measles and whooping cough.

Treatment.—The child should be placed in a large, airy, well-lighted room, and the temperature should be kept at 60°F. to 70° F., with plenty of moist air. If the dyspnea and cyanosis are extreme, take the lower sash of the window out and cover the opening with three or four thicknesses of cheese cloth and you will be surprised at how much relief the child gets from the fresh air. Have them keep the air moist in the room with a basin of hot water and vinegar, equal parts, or creosote, 3 i, to one pint of hot water.

One can readily see the reason for having the position of the child changed every few hours. It is a good thing to have the child laid on its abdomen for half an hour at a time.

The diet is very important because of the long duration of the disease. In acute cases it should be fluid, as milk, broths, milk diluted with water, rice or barley water, to prevent indigestion. I like the white of an egg with orange juice. The mouth must be kept clean and the bowels watched for diarrhea as for indigestion. Tympanites and flatulency increase the dyspnea and are unfavorable symptoms.

Have the lungs enveloped in a cotton-wool pneumonia jacket. Apply to the affected lungs the old-fashioned emetic powder of lobelia and blood-root, etc., sprinkled on a larded cloth, renewing the powder every three to

six hours. Have the child bathed twice a day if you have a nurse to do it, without exposing the surface of the body to the cold air. If the extreme dyspnea is caused by viscid secretions, I give an emetic of syrup of ipecac. If the stomach is out of order or the child is weak, instead of the emetic I give a tablespoonful of castor oil. I find this carries off the secretions better than any other laxative.

Internal Remedies.—I do not use many remedies at a time. I seldom use aconite, but most cases get ipecac in the small frequent dose, often combined with the small dose of lobelia. In the early stages of the disease we have the indication for gelsemium, and later we have the dullness and drowsiness that call for belladonna.

I get good results from an emulsion of cod liver oil or a cordial of cod liver oil with creosote. For the cough and sleeplessness I give small doses, 1/10 grain to 1/5 grain of codein or one-half to one grain doses of Dover's powders.

Be cautious in the use of stimulating expectorants and syrups, for they are apt to cause more or less nausea and disorders of the stomach. If there are symptoms of collapse, use small doses of whiskey or brandy. I make it a practice to prescribe small doses of strychnine, 1/100 gr. to 1/25 grain, as soon as the heart shows signs of weakness.

LET NATURE HAVE HER WAY.

J. H. Ashabranner, M.D., New Albany, Ind.

The above is a good rule to follow in many instances in which the doctor is concerned. Nature, like charity, is long suffering and is kind, but nature will not tolerate abuse and neglect without a strict accounting later. Nature will also respond kindly to intelligent assistance, and it is within the province of the physician, and especially of the obstetrician, to render such assistance.

In the so-called good old days it was customary for the family doctor to be called to the home of the expectant mother at the beginning of labor, and there he would camp for two or three days and pursue a course of "watchful waiting" until the mother and nature had accomplished the work for which he afterward presented his bill. And this idea of watchul waiting and allowing nature to have her way still prevails in some quarters and among certain practitioners. However, there has recently developed with some physicians a disposition to go to the opposite extreme, which may be equally as reprehensible as inactivity and neglect. The indiscriminate use of pituitary extracts to produce uterine contractions and hasten labor should be carefully avoided, while if used at all must be with the greatest caution if serious consequences are to be avoided. In extolling the activity of pituitary extracts, a salesman once advised the writer to give the woman a dose and then make a dive for the perineum, as the baby would beat him to it. Such advice and such an agent are capable of doing great harm.

Warning along this line is given by some of the manufacturers in advertising their products.

"Twilight Sleep" is another delusion that has been dispelled by the light of science along with other vaunted "remedies" and "discoveries" so widely heralded by the secular press. But the physician can do much to aid a woman in the trying time of labor. His very presence will allay fear and nervous appreehnsion and produce a mental attitude conducive to her welfare. During the second stage of labor the physician should never leave his patient. If the pains are weak and indifferent, a few grains of quinine will change all this. Should the os be thick and doughy, a few drops of specific lobelia in a little water will alter this condition, while if it is thin and unyielding, specific gelsemium will be the indicated remedy. Having overcome all conditions that would cause delay, digital dilatation during pains with relaxation and rest between pains, but with the hand in position ready to renew dilatation with each recurring pain will shorten the second stage many hours, and will win for you the everlasting gratitude of your patient and family, who, though they should forget to pay you your bill, will recommend you to someone else who perhaps will.

CYSTITIS IN WOMEN.

S. W. Moreland, M.D., Jonesboro, Ark.

Brewer says: "Cystitis is inflammation of the mucous membrane of the bladder. This is an extremely common affection, and is invariably occasioned by the introduction into the viscus of pathogenic micro-organisms. These may gain entrance by extension upward of an inflammatory process from the urethra, or downward from the kidney, by the introduction of urethral or bladder instruments, by the rupture of an infected focus into the bladder, by the transmission through diseased tissue of bacteria, or by the blood or lymph channels." This quotation covers the ground of the definitions and causes of cystitis in general. The peculiarity that characterizes the disease in women is the comparative shortness of the urethra and the thinness of the wall between the vagina and the bladder. This short urethra makes it easy to examine the diseased structure through the cystoscope. The thin vaginal wall makes it easy to establish drainage when necessary. The acidity of the urine checks the activity of some 90 per cent. of pathogenic germs.

The most common, as well as the most violent in its action, is the gonorrheal infection. In this disease, the infection extends from the vagina to the urethra, along which it extends to the bladder. One of the first symptoms are localized pains and frequent desire to urinate. There are other diseased conditions in which there is localized pain and frequent urination, but these two symptoms taken in connection with the history of the case will usually establish the diagnosis. If there is any doubt, the mucous lining of the bladder should be examined through the cystoscope. This

examination is too painful without an anesthetic and better not be attempted except at the woman's home or at a hospital.

Dudley says: "As seen through the cystoscope, the infected bladder mucosa often appears coated with a thick deposit of bloody muco-purulent secretion, and may, therefore, be invisible. The mucous surface beneath may be exposed by gently wiping off the deposit with a bit of cotton in the grasp of a mouth tooth forceps, introduced through the cystoscope. The cystoscope, if made to sweep over every part of the bladder mucosa, will enable the examiner to observe minutely all gross appearances." The same author frequently says: "The reddening of the mucous surface will vary in degree with the intensity of the infection. The larger vessels of the healthy mucosa may appear infected, and an abundant capillary network, as seen in conjunctivitis, may fill the intermediate spaces, or the mucosa may present a uniform thickened appearance like that of bright red plush. In some cases it is in part destroyed by ulcerative processes and broken down into debris."

TREATMENT.—This sometimes taxes the patience of both physician and woman. A course of treatment will be outlined that has often been successful in the hands of the writer. The woman should be encouraged to drink large quantities of pure water. The bladder should be washed out, first with plain hot water, then with hot boracic acid water. Keep the bowels active by means of salines. The diet should not contain much meat; better no meat at all. The following four specific medicines should be studied in connection with the treatment of this disease: Specific gelsemium, specific apis, specific cantharis and specific belladonna. Gelsemium in small doses is indicated in nearly all cases, but if specific belladonna is the indicated remedy, gelsemium would be positively injurious. Usually either cantharis or apis will be indicated. If there is a burning, stinging sensation about the urethra, then specific apis is the indicated remedy. Combine with specific gelsemium or specific belladonna, and give in small doses every one or two hours. In the absence of a burning, stinging sensation, and with only an irritation about the urethra, with a frequent desire to urinate, specific cantharis combined with specific gelsemium or belladonna will be the remedies. Now, these specific medicines, given as indicated, will positively give good results.

Only mention has been made of four of the specific medicines. If others are indicated, let them be used; however, the treatment mentioned will cure the majority of the cases if persisted in. But there is an ugly minority that requires other treatment. If the case is an aggravated one and resists the above treatment, a 1 or 2 per cent. solution of silver nitrate should be injected into the bladder. When too obstinate it may become necessary to make an opening into the bladder through the vaginal septum. This not only provides constant drainage, but furnishes an easy passage for the water when washing out the bladder. No attempt has been made to exhaust this subject, but merely a few hints given to guide us in its study.

PROPHYLAXIS IN GYNECOLOGY.

Ella Mansfield Caryl, M.D., Los Angeles, Cal.

Gynecology, the science of diseases of women, is usually divided into medical and surgical gynecology. However, this paper will not attempt to deal with either of the phases of the subject, but will be more particularly concerned with the prophylactic or preventative part of gynecological work.

The time is not so far distant when the major part of the physician's work will be to use his superior knowledge in teaching people how to live to avoid the pitfalls of illness, thus obviating the danger of so many diseases to which womankind is heir. There are a great many reasons for the suffering due to pathological conditions of the female genital organs, and to prevent many of these one should begin with the very young child. The spine and abdominal walls should be manipulated daily, to keep up the circulation and to strengthen the muscles of the back, abdomen and pelvis. As soon as a child is old enough, it should be taught light systematic exercise to take the place of the manipulations. A little later, when the child goes to school, its studies should be varied with manual labor and with exercises done to music in the open air, if possible. The music makes the exercises more enjoyable and the muscles respond to their fullest extent without breaking down so much tissue and filling the muscles with fatigue products, as would otherwise occur without music.

In 1906, Judge Ben Lindsey, the Father of the Juvenile Court, in addressing the Colorado State Conference of Charities and Corrections, said in part: "I have just returned from a great convention in Chicago, where there were noted doctors and teachers, such as Dr. Butler of Columbia University, Jane Addams, and many others who are wrestling with these great problems of delinquent children. The consensus of opinion seems to be that we need more physical and moral training in our schools, as well as manual training." It was also stated at the same convention that "Chicago and other cities were using their school houses for neighborhood social gatherings, and that they have expert teachers to whom they are paying high salaries to teach the children folk dances, and that Chicago had spent thousands of dollars on play grounds, on which physical culture and dancing were being taught." In this way children work off their surplus energy. By exercising the body properly the muscles and ligaments are strengthened and the bony structures of the body are kept in proper anatomical relations. The blood is kept in general circulation, preventing congestion of the pelvis and genitalia, which is more or less responsible for getting children into bad habits, which later on not only impairs the general health, but makes a fertile field for gynecological work.

No young lady should be permitted to wear corsets or bandages which cripple the muscles and interfere with circulation. Thoroughly exercised muscles should not only hold the framework of the body in proper posi-

tion, but should protect the internal organs in such a manner that ptosis of the viscera would be prevented, and one organ would not interfere with the functionating of another by crowding upon it.

Prolapsus of the pelvic organs could very often be obviated if every woman would take a rest in the middle of the day by lying on her back and lifting her feet far above her head and making rotary motion alternately with each leg while in that position. This would strengthen the pelvic floor and put the pelvic organs back into position, counteracting the force of gravity. This exercise should also be taken before retiring at night, to replace the organs so that the uterine ligaments would be relieved of the tension to which they are naturally subjected while a woman is on her feet.

Children should be taught that the body is sacred, and that every part is for use and not abuse. Young men should be made to feel that they must treat every young lady with the same respect that they would have shown to their own mother or sister and that woman should be a helpmate and not a slave to the sterner sex. He should be made to realize that when he is dissipating he is not only injuring himself, but may be laying the foundation from which the girl whom he leads to the altar may become a helpless invalid, and his posterity be a curse to his name.

At puberty a young lady should be instructed in regard to the functioning of the female organs. It should be impressed upon her mind that the fate of the nation depends upon the young lady in the social world. She should be taught self-control and self-respect, and that the female reproductive organs are intended by the Creator for the purpose of propagating the race; that marriage should not be an institution of convenience, but should be based upon love and respect, and that a home built upon this foundation is the center of civilization. When woman refuses to sell herself to a man in marriage and lives naturally, she will attract her complement in the opposite sex, and the blending of the masculine with the feminine physically, mentally and psychically, each the complement of the other, will tend to keep a perfect equilibrium in the blood and nerve supply, and the gynecologist would find little to do in such a family, and their posterity would be a blessing to the world.

Of course, the above is a somewhat ideal way of dispensing with the gynecologist. The physician will often be called upon to adjust matters as they exist under present conditions. The economic problem will have to be solved before there are ideal conditions for women.

It is reported that no less a personage than Dr. Locke, an eminent divine of Los Angeles, in a recent sermon on "Love and Marriage," said in part: "During the reign of Charles II, the club house was the Londoner's home. A little later woman began to drift from home, numerous women's clubs were organized, and the care of the home and children were left to nurses and servants. Simultaneously there came also a movement of women in professional and business life. While the women were doing the

drudgery, the savage men were spending their time smoking and grunting and adorning their persons. It is certain if women want to work and insist upon doing men's work, there are a lot of lazy, worthless scamps who will let them do it. The difference between civilization and savagery is largely a matter of deference and respect with which women are treated. The home has lamentably suffered while women have been coquetting with public life, until it has been facetiously but truthfully questioned whether there are enough mothers left to go around. Woman's work is naturally spiritual, social, idealistic, altruistic and domestic. The fireside is her throne, the cradle her coat of arms."

One can readily see from the above what Dr. Locke thought of the present situation in regard to women, although he may not have thought of the increase in gynecological work, he evidently was interested in woman as a mother.

The greater portion of the female population is naturally endowed to be mothers, and there are comparatively few who have the masculine brain and the female qualities so intimately blended that they can raise a family and yet have the force or fortitude to withstand public opinion, and grope with financial and social problems in the masculine fashion, which we observe in Charlotte Perkins Gillman, Emma Goldman, Madam Curie and others. It is folly to suppose that because these women have made more or less success in their various undertakings that every other woman could do the same and preserve the integrity of the nervous system, upon which so much of the health and happiness of the human race depends.

As women are endowed by nature to be the instruments through which the race is propagated, it should be their business to give some intelligent thought to maternal interests, which includes keeping the pelvic organs in a healthy condition by not permitting themselves to become overworked. Men should solve the problems of economics and finance and relieve women of so grave an injustice as the support of a family. A woman who has to earn her living outside of her own home is liable to anatomical lesions from occupational habits. The function of a joint is motion, and when through habit the spinal column is held in a certain position for an abnormal length of time, there is often an alteration in the mobility of the joint. This condition results in morbid anatomy, ligaments are strained and hardened, and by abnormal pressure on the cord or nerve, naturally interferes with the blood and nerve supply to the organs supplied by that particular segment of the cord. In this way all kinds of menstrual diseases arise. Amenorrhea, dysmenorrhea or profuse menstruation, with their great train of "reflexes," such as headaches, lumbar pains, nervous and gastro-intestinal troubles, etc., and if the lesion is not reduced, it will naturally result in more serious pathological conditions of the pelvic organs.

The physician should look into the history of each individual case and give advice in regard to the change of occupation, or at least teach the patient how best to care for herself under existing conditions. In giving medicine it must be ascertained whether the amenorrhea is the result of poor food and unhygienic surroundings. Macrotys and pulsatilla will not take the place of food and sunshine in an anemic patient where there is no blood to send to the organs, but they will help alleviate the pain in a case where the nerve and blood supply are disturbed on account of a spinal lesion by relaxing the parts, but the spinal lesion must usually be corrected by manual manipulation before one can hope for a permanent cure. It is very evident that a great many physicians are beginning to realize the need of manual therapy, as is evidenced by their willingness to have physical therapeutics incorporated in the curriculum of medical colleges.

There are many things in which the doctor can advise the patient to keep her from the many lamentable conditions in which an uneducated patient finds herself. Her general health should be looked after to find the cause of various aches and pains which arise in the other parts of the organism and are felt in the pelvic region. Vulvitis, due to uncleanliness, is often the result of ignorance on the part of the patient. *Inattention to nature's call* may cause constipation, producing an overloaded rectum, which may result in a mechanical irritation to the uterus and its appendages. The things that a physician could tell a patient which would preclude diseases of the pelvic organs are too numerous to be mentioned in a short paper.

The obstetrician has a great field in applying his art correctly in carrying a women through pregnancy and delivery without leaving her with some pelvic disturbances.

He should see to it that during gestation her clothes hang from the shoulders, that a lying-in woman does not lie in a sacro-lumbar position too long at a time, as under these conditions a heavy hypertrophic uterus would fall back against the rectum, causing retro-displacement of the uterus, and the stretched uterine ligaments would permit prolapsus of the organ when the woman gets on her feet. The abdominal bandage should not be so tight as to push the uterus back against the sacrum, thereby disposing to prolapsus of the organs, especially if the pelvic floor has been lacerated by neglect of the physician or other unavoidable causes.

The obstetrician should immediately repair perineal lacerations under aseptic conditions to preclude sepsis and uterine displacements, which are more or less responsible for sub-involution with its long train of symptoms, local and general, evidenced by disturbed menstruation, leucorrhea, lumbo-sacral pains, etc., resulting in endometritis and hypertrophy. The above conditions give the gynecologist quite a lengthy job, including curettage, the performance of a round ligament, ventral, etc., suspension operation, etc., all of which would not have occurred with a little care on the part of the doctor.

The physician might, through his knowledge of the human body, teach that congestive endometritis is often due to sexual excesses, and a mother can not afford to be harrassed by a long train of symptoms that follow over-indulgences.

When men and women free themselves from sex slavery and become engrossed in a purer, higher life, then will unborn generations not only be welcome, but the future posterity will be stronger physically, mentally and morally, and books on gynecology would read like ancient history, and the gynecologist would seek more fertile fields in some other occupation.

DISCUSSION.

Dr. H. T. Webster: I was very much pleased with the paper, but there is one little idea I would like to advance here, that is, in regard to taking cold in the pelvic organs. You may take all the care the doctor has recommended, but let a woman get into a street car and sit in a cold seat for fifteen minutes, and she may catch a tremendous cold. I would advise the doctor to suggest to her patients that they carry a folded newspaper and before they sit down in a street car, put the folded newspaper under them.

Dr. Stoesser: I agree with the paper that the exercise of the limbs by rotary motion is not only good for the pelvic organs, but, in strengthening the heart, and as men are supposed to have hearts as well as women, they could use that exercise, too, especially when they get to be my age. The paper may seem a little harsh to the men who listen, but inasmuch as the men had had two thousand years' of rule, according to astronomical conditions the women now have two thousand years, and if we make laws that seem unreasonable the men need not be surprised. The greatest injustice from man to man had been the specific ailments that have been propagated among the species. I have never found anything in medicine that has made me feel so aggrieved as these ailments in young girls and women. They are also the foundation for tuberculosis.

Dr. Tuchler: This paper deserves more than a passing glance. It calls attention to the preventive measures. We ought to educate those that come within our sphere of influence as to the value of observing the moral standards and hygiene, especially. There is nothing so disagreeable to a human being as the propagation of these specific infections. An innocent young lady plights her troth to a man whom she looks up to, and behold, in a short time, to her surprise, she is a subject for the gynecologist, without knowing the why and wherefore. Some infection has been transmitted. It is the greatest injustice from man to woman, it is a criminal act, and, if we can use our influence in educating the people along these lines of preventive measures, we will do a good thing for mankind and our fellow citizens.

Dr. Johnson: I very much appreciate this paper, and I realize that to prepare a paper of this kind takes a good deal of work. But there was one little exception I want to take, and that is in regard to massaging the abdomen as a prophylactic measure in gynecology. This seems to be an impracticable treatment, for a woman with a half dozen children in the present day and age does not have time to do this kind of prophylactic work.

Dr. Roath: The doctor recommended dancing to work off the surplus energy of children. I think there are other forms of exercise that would

be equal to dancing. I do not like the idea of dancing in public school work.

Dr. H. V. Brown (Los Angeles): I wish to say that I never have believed there was any excuse for a double moral standard for men and women. I am not narrow enough to condemn a man who has committed a sin and ignorantly brought this on future generations, but, at the same time, it does no harm in a convention of this kind to have these questions brought forcibly to our minds in a paper such as Dr. Caryl has read, to jog our minds to the fact that we ought to educate our patients as to the prevention of disease. I think it is a most excellent paper, and we ought to add the weight of our influence along that line.

Dr. Caryl (closing): In regard to Dr. Webster's point, I had not thought of having people sit on newspapers. I have advised them to put them under their corsets to keep their liver warm. In regard to the women ruling for two thousand years, I do not know anything about astronomy, and I am not very anxious to rule. I have had woman's rights ever since I was a child and I have had all I wanted. No woman should have to come out and work for the public; she should have a home and children. And every man should have a wife and take care of her properly and there would be no running around.

In regard to massaging the child: If you men had made proper conditions she would have time to massage her children, and they should be massaged until they are old enough to exercise themselves, and they should be taught to exercise their limbs. I was sick all my life until I learned to dance. I was trying to be religious, tried to go to church and do all those things, and my blood did not exercise, but when I began to dance I got well. I believe in it, and do not believe it needs to excite your sex passions at all to dance.

In reference to specific disease—of course, you men think men should have their rights and women should not. That is because women have been suppressed all their lives. They must do as you say, and, of course, men have been educated along these lines, they have had their freedom so long that they think they must indulge themselves—just as they will eat a big beefsteak when they don't need it. But, after my study, I have decided that the sex relation is only for race production. That is my opinion.

A REVIEW OF EXTRA-UTERINE PREGNANCY.

Herbert T. Cox, M.D., Los Angeles, Cal.

In this paper I do not expect to present anything new, but will aim simply to give a concise outline of the subject which may be useful to us in keeping the main points of this serious condition in mind.

Extra-uterine pregnancy is the term applied to the condition where the fertilized ovum is arrested and develops at some point between the ovary and the uterus, undergoing more or less development. Ectopic gestation covers the above and also in addition the condition, when such occurs in a rudimentary horn of the uterus.

Etiology.—This is more or less indefinite, but is divided into three main groups of causes.

First Class.—Conditions which interfere mechanically with the passage of the ovum: (1) Peritoneal adhesions compressing tube or interfering

with its peristalsis; (2) polypi projecting into lumen; (3) tumors in wall of tube or adjacent organs; (4) chronic endosalpingitis; (5) embryonic condition of the tube; (6) diverticuli from lumen; (7) puerperal atrophy of tube; (8) external migration, *i. e.,* across to other tube; (9) too large an ovum, *i. e.,* extra large-sized ovum.

Second Class.—Includes conditions resulting from inflammatory conditions of tubes, ovaries, or pelvic peritoneum: (1) Gonorrheal salpingitis—in two-thirds of all cases; (2) non-gonorrheal infections.

In both of the above the cilia may be denuded, mucous membrane thickened and pocket formation take place.

Third Class.—Includes physical and developmental conditions which favor decidual formation in the tubes.

The different forms are classified as primary and secondary. Primary may be ovarian, which is rare. Tubal, which may be interstitial, isthmic, or ampullar.

Secondary is brought about by rupture of any of the above and may be: (1) Tubo-abdominal; (2) tubo-ovarian; (3) broad ligament.

According to the degree of decidual development the tubal may be divided into: (1) Columnar type; with no decidua at any point of the mucous membrane; (2) intercolumnar type; when one-half of tube is normal and the other is torn and infiltrated down to the muscularis; (3) centrifugal or syncytial type; with no evidence of decidual formation, but the chorionic villi erode and perforate the tubal wall, thinning it rapidly.

Terminations of tubal pregnancy are: (1) Tubal abortion, which may be complete or incomplete; (2) rupture into peritoneal cavity, either primary or secondary; (3) rupture into the broad ligament.

Fate to the Fetus.—(1) If very small, may be absorbed, or, if it has attained some size, may undergo the following: (2) Suppuration by pyogenic bacteria from intestine; (3) mummification; (4) lithopedian formation; (5) adipocere formation; (6) rarely might survive as an abdominal pregnancy.

Symptoms.—(1) A history of disordered menstruation; (2) patient presents subjective symptoms and perhaps a few objective signs of pregnancy; (3) perhaps slight pains in ovarian region, or frequent and sudden colicky pains; (4) uterine hemorrhage, which is mistaken for an abortion, *i. e.,* an incomplete abortion; (5) with or without any of the above there may occur sudden intense lancinating pain in one ovarian region, followed by faintness and probably syncope and collapse; (6) If death does not ensue she may have another attack in a few hours or days; (7) after a few days a vaginal examination will reveal a hematocele in cul-de-sac, or at one side, near the uterus. Hematocele formation promises a favorable termination, but is liable to further hemorrhage or infection.

Diagnosis.—Comprises the recognition of (1) extra-uterine pregnancy prior to rupture; (2) rupture or abortion, with hemorrhage and death of

fetus; (3) secondary rupture; (4) continued growth of fetus after rupture; (5) peritonitis or suppuration.

Diagnosis Prior to Rupture.—If patient with subjective and objective symptoms of pregnancy associated with pain or uneasiness in ovarian region on examination presents an unilateral tender tumor, especially if she has been sterile for a number of years, or a long time has elapsed since her last pregnancy, nearly positive diagnosis may be made, especially if the uterus is more or less enlarged and soft, but not as large as the time would indicate.

Diagnosis at Time of Rupture, or Attempt at Rupture.—(1) Above history is the same, but pain might have been absent; (2) sudden lancinating pains in ovarian region; (3) more or less bloody discharge from uterus; (4) paleness, faintness and all signs of internal hemorrhage, followed by syncope.

Treatment.—Positive diagnosis of unruptured extra-uterine pregnancy means immediate laparotomy. In ruptured condition operation should be performed as soon as condition permits and proper preparation can be given. If moderate or mild symptoms, may await for a few days, if needed.

Differential Diagnosis.—The following conditions are to be eliminated: (1) Uterine pregnancy; (2) pregnancy in a bicornate uterus; (3) retroflexed gravid uterus; (4) spurious pregnancy; (5) ovarian tumors; (6) uterine tumors; (7) intra-ligamentous tumors; (8) hydrosalpinx or enlargements of the tube; (9) impacted rectum or colon.

It must be remembered that it is possible for a tubal and uterine pregnancy to co-exist, also that rupture might be mistaken for perforating ulcers of gastro-intestinal tract, rupture of appendicitis, torsion of ovarian cyst, acute intestinal obstruction, or renal and biliary colic occurring during pregnancy.

ECLECTIC SURGERY.

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The physician admits that many of the conditions of disease not amenable to treatment by means of drugs, are amenable to treatment by surgical methods, or by a judicious co-operation of both medical and surgical procedures. When, then, will the surgeon realize that medical procedures are the most useful allies in combating many of the so-called surgical conditions and which only his restricted view regards as belonging strictly to the field of surgery.

Many of the operative cases can be materially benefited by a course of medical treatment, which is important, ante- as well as post-operative; yet, how few surgeons rely at all upon these valuable adjuncts which, in so many cases save the patient so much suffering, avoiding complications sure to arise from a neglect of their use, and what happiness and relief they extend to those whose surgeon understands their use and realizes their importance.

After twenty years of surgical practice, I am prepared to state, and fear no contradiction, that the surgeon of the future will be required to possess a thorough knowledge of materia medica, for it is as much if not more essential in his surgical practice than it is in the physician's medical practice.

One or two hypothetical cases will serve to elucidate my views: Case A, Mrs. S., aged thirty-eight years, consults a surgeon, presenting the following history. Twenty years ago, gave birth to a ten-pound boy, labor tedious, pains seemingly ineffectual. Called a doctor who, not knowing any better, administered a dose of ergot, which, producing violent uterine contractions before the perineum was sufficiently dilated, caused a severe laceration which was repaired at the time, and the patient dismissed the occurrence from her mind, and having no further pregnancies had no other thoughts but that the repaired tissues were as sound and well as they should be; however, a feeling of lassitude, indigestion, constipation and leucorrhea caused her, after fifteen years, to seek relief from a surgeon who, upon examination, discovered that while the perineal muscle and soft parts had formed a perfectly good union, the posterior vaginal wall above the sphincter had been badly torn and instead of being properly approximated, had been allowed to remain apart and heal by granulation, with the result that not only did the relaxed tissues allow a retroversion of the uterine body with its accompanying prolapsus, but a rectocele of large extent was present, which, as a further complication, had become adherent to what were the edges of the vaginal tear. This condition, of course, interfered greatly with the proper expulsive efforts of the rectum, forming a pouch which emptied itself completely only when the patient assisted nature by passing two fingers into the vagina and pressing the relaxed tissues backward and downward. No wonder the patient suffered so from mental strain that a condition of nervous prostration added another portion of misery to her already over-burdened body. After an elaborate examination, the surgeon presented his likewise elaborate diagnosis and advised an immediate operation, which was performed next morning.

To my mind, this was well-nigh a criminal procedure, for upon further investigation he would have discovered that this patient was also suffering from auto-intoxication which, by depressing the vasomotor system of nerves, caused a congested, sluggish condition of the vascular supply, not only of the uterus and other parts concerned in the menstrual function, which was scant, painful, and irregular, but caused also such a disturbance of the renal circulation as to cause albumin to appear in the urine. Was the operation successful? No! Why? Recuperative powers were below par. The anesthetic supplemented by the surgical shock caused such further depression that only by the use of stimulants, heat, etc., was the patient"s life saved at all. The toxemic condition of her system prevented perfect reparative action, as the poisoned, sluggish circulation carried only

an impoverished supply of blood, very low in nutritive value when the best of oxygenated blood, rich in nutritive-carrying principles, was needed.

After a month in the hospital, a frail, weak, mental and physical wreck was ambulanced to her home, the family given to understand that a wonderful operation had been performed, and that the very capable surgeon had, by a miraculous Providence, been able to save her life. Thank God, the patient had enough vitality to combat not only the surgical shock, the autotoxemia and the anesthetic, which enabled her to remain alive, but what was now to help her recover the health she so much desired and which seemed so much farther away, even than before the operation. The question answers itself in that by careful nursing, nutritious diet, rest, a prolonged stay at a summer resort finds her, seven months after the operation, barely able to comb her hair, dress with assistance and perform such household duties which do not tax her strength too severely. As the years roll by a slight improvement takes place; but, five years later, another surgeon is consulted who, after the usual examination, informs her of the non-success of the former operation. The patient, well-nigh despondent, refuses further operative procedures, but, upon the surgeon requesting a hearing—which is granted—she is informed that a proper course of treatment of perhaps two or three months will be required to place her in the proper condition for operation, when she can be reasonably sure of a successful termination. After a few days, having studied the ideas advanced by the surgeon, she places herself doubtfully in his care; is she rushed to the hospital the next day? No! The surgeon first directs his attention to the condition of his patient's alimentary canal, which, as before, is loaded with toxic material and takes measures to insure their thorough removal, not by harsh but by the mildest means at his command. Rectal irrigations of normal salt twice daily, gentle abdominal massage, saline laxative at bed time or sodium phosphate in hot water before breakfast, with some intestinal antiseptic preparation composed perhaps of the sulphocarbolates, sulphites, or of vegetable origin as baptisia. The diet is studied, not in a routine, printed diet list fashion, prepared by some manufacturing house that always exploits as the main ingredient some preparation of their own for every disease human kind is heir to, and which any logical minded medical man can see is to further the sale of the preparation, without any idea as to whether the component parts are indicated for good or evil in a given case. No, he studies the patient's own individual idiosyncrasies regarding what agrees with her condition and habit; eliminating from her dietary such articles as in his experience have proven injurious in similar cases and eventually arriving at those materials which her system can appropriate for its good. A few weeks have past, the slimy, foul, coated tongue shows faint signs of cleaning, the bowel movements are perhaps no better and the surgeon here prescribes chionanthus, leptandra, podophyllum, according to individual indications and at the end of the first month, rejoices with the patient in the improvement not only

of the bowels, but also of the renal function as the transient albuminuria is beginning to show improvement by less precipitation of albumin upon the heat and acid tests. By the time three months have passed, the patient begins to feel no need of operative interference, but upon the assurance of the surgeon, in whom she now has abundant confidence that the operative measures are necessary for full recovery, she consents, and after a couple of days in bed and careful attention to ante-operative details, an anesthetic is administered. Carefully the scarred mucous membrane is resected, exposing the delicate muscular network of the posterior vaginal wall, to which the fibres and mucous membrane of the rectum are found adhering as they were before the previous operation, which, by contracting, had formed tough fibrous bands, which, impinging upon nerve trunks, caused various reflex nervous phenomena. After the operative field has been prepared by carefully dissecting away all relaxed or redundant tissues, fine sutures are introduced which, causing coaptation of the previously widely separated tissues, soon eliminates the trouble caused twenty years before, and now instead of a sluggish toxic-laden circulation, we have a healthy oxygen-laden blood carrying its normal proportion of vitalizing nutritious substances to the tissues; after the completion of the operation, with a quick recovery from the anesthetic and very slight shock, an uneventful recovery takes place; the patient leaves the hospital in two weeks and three months later, we see her happy and smiling, not only attending to her household but also to her social duties.

Has the surgeon any right to deny his patient the benefit to be derived from such a course of medical procedure just because he thinks it is outside the domain of surgery, and belongs to the physician, and which usually results as above, the patient being caused untold suffering unless some intelligent physician has prepared her for the surgeon?

Another case will further elucidate my views upon this, to me, most important feature in surgery. Mr. X., is taken suddenly with violent abdominal pains, occurring in paroxysms, with intervals of lessened severity. He has a history of a more or less frequently recurring spells of similar pains, seemingly getting worse and accompanied now by flatulence and eructations of sour or acid material. He also has to resort to cathartics frequently to overcome a now well-formed habit of constipation. Upon examination, we find the patient has an elevated temperature, a tongue heavily coated, breath fetid, abdominal rigidity with general tenderness, but more severe in the region of McBurney's point; limbs drawn up; general restlessness, nervous perspiration, perhaps slight chills. With the history above given and the signs found upon examination, we conclude that the vermiform appendix, or head of the colon is the seat of the trouble, and following the beaten path of surgery, the hapless victim is sent to the hospital, and the friends having been informed as usual that an immediate operation is essential to save life, he is quickly anesthetized and operated upon without any preliminary preparation whatever, excepting the external

parts, upon which a lavish amount of red tape has been expended; while the internal parts, the real seat of trouble is left in about as filthy a condition as a small size city sewer. Yet these surgeons are reputable men, but use about as much sense as the idiot who polished the outside of his auto so that it would slip along with a minimum of resistance and thereby save oil in the transmission case; yet he was dealing with a mechanical mass of iron and steel and could be forgiven, while the surgeon is dealing with a human life, and uses even less judgment, when his elaborate external preparations were allowed to take the place of the much more necessary internal ones.

Of course, after the skin, muscle and fascia were divided, exposing a severely congested and even inflamed peritoneum, the surgeon became very grave, for well he knew that trouble had just commenced. After the friable peritoneum had been divided and drawn aside, behold the mesentery, bowel wall and all surrounding viscera partook of this low grade of tissue divitalizing inflammation. The bowel, of course, was loaded with fecal material which the hastily administered enema had only partially removed, adding its quota to the already over-burdened body. After due time, the offending appendix is found transfixed and guillotined and the intestines allowed to slip back into place in the abdominal cavity. The patient taking the anesthetic badly, the anesthetist urges the surgeon to make haste, who, becoming exceedingly anxious lest the patient die upon the operating table, another damnable idea that has cost patients untold misery, by causing haste at a time when more vital things should be receiving attention, hastily approximates the peritoneum any old way, draws the fascia together as though it mattered not how, and finally the skin sutures are put into place, the dressings applied and the patient rushed to bed all of a hurry as though the devil were after the whole lot, and then, behold, the more dead than alive man is left to the tender mercies of a nurse—forbid the name—for many a time, and oft it happens to be a probationer who knows about as much how to care for a case of appendectomy as an ordinary cow would know about a Bible.

The learned surgeon wisely tells her to use every care and let him know if he is needed. Oh, yes, give him morphine if he needs it for pain, and strychnine for his heart, but never a thought enters his brain that the decomposing poisonous products of tissue metabolism, now more rapid, especially after the devitalizing effects of an operation and anesthetic, is causing by absorption of the poisons a general septic condition, which further lowers the patient's vitality. Nausea, flatulence, lack of sustaining food cause still more depression and when the third post-operative day arrives and the poor victim is still alive, it is suddenly remembered that he required a cathartic. A brisk one usually is given and his further dissolution thereby hastened, generally ending the farce in the presence of the family, and the surgeon who, having been summoned, stands by with knit

brow and serious countenance doling out the ancient rhyme, "All has been done that mortal could do." Do you not feel like calling him a liar?

Now let us review the progress of the same patient in the hands of the up-to-date Eclectic surgeon. After his examination he does not fear immediate death; oh, no, for he has at his command the Eclectic materia medica, that salvation for souls so often lost for want of it; and after opening the case and calling for a glass of water or two, his first consideration being relief from pain, he is guided by the flatulent, colicky type of pain recurring in paroxysms, which his experience in such matters tells him indicates the use of dioscorea, and, adding one drachm to one-half glass water, looks for an indication by the tongue as to the proper anti-putrefactive agent to employ and decides that five drops of baptisia would fill the bill, and consequently adds it to the other half glass of water and now directs that one teaspoonful be given every hour alternating. Now the loaded tongue and constipation suggests a cathartic, a thorough one, yet it must not be harsh, and better combined with an anti-ferment and sodium phosphate with a little asepsin is his choice, repeated according to the case. No depressant is given for the temperature, as that will take care of itself when the cause, putrefaction, is removed. After a few days of such treatment, varying remedies as indicated, the pain has become much less, the coated tongue is cleaning, the foul breath becoming sweet, the overloaded bowels assisted by enemas are nearly normal, and the surgeon informs the patient that a couple of more days of preparation in the hospital will put him in good condition for the operation. The evening before the operation he is given a final cathartic, a saline preferably, and next morning a high colonic flushing with the routine external toilet, and he is ready After the skin, muscle and fascia are divided, the peritoneum, which in the previous case was almost dessicated, is found only slightly congested. It being divided shows an angry looking appendix and cecum. The surrounding tissues, however, are in a much better condition. Instead of the devitalized condition they show a free circulation of nutrition carrying blood, and after removal of the offending appendix, cauterization of the cut surfaces and careful inversion with not too much tension upon the pachenstacker suture the bowel is returned to its abdominal bed, the peritoneum is carefully sutured to cause approximation of its edge, carefully avoiding too much overlapping as well as too great tension upon the sutures, the fascia is drawn together by interrupted sutures, the muscle, unless too widely separated, needs no suture; in fact, circulation is interfered with by their use; the skin is closed by any of the methods of choice, the operation completed, the patient is placed in bed when he is found to be suffering only slightly from shock. Nausea is not so severe, pain slight and an early recovery can confidently be looked for. Which is your choice of surgeons, the old style or Eclectic? It is not necessary to enumerate more cases; all practically can be treated in the same manner, following, of course, the particular indications of the individual case. The above remarks do not apply

to cases of emergency when the surgeon is called too late to administer preliminary treatment as outlined, or when rupture or death are imminent.

I wish to add a few notes upon surgical procedures which in my experience have proven of value. In laparotomies I have noticed in numerous instances, especially in prolonged cases, that the mops and sponges used were immersed in water unnecessarily hot, so much so, that the nurse could not wring them out with her hands. I can not too harshly condemn such a procedure, which, causing at first an intense hyperemia with some degree of coagulation of the albuminous tissues, must, when reaction occurs, leave the tissues in an anemic condition, one which any intelligent person can readily see is detrimental to the reparative process. Another method I speak of only to condemn, is the too common use of retractors. I have seen a wound literally torn apart to admit the removal of the offending viscus. Better enlarge your incision or else bifurcate the mass to be removed, as you invariably will have trouble with your wound, which you will erroneously attribute to suture infection or what not, when the real cause is bruised tissue in which hematoma forms, leading later to abscess with its usual train of symptoms.

In repairing a lacerated perineum, do not make the mistake of thinking that the outlet of the vagina alone needs your attention. More often the serious laceration exists up near the cervix, when, unless experienced, a laceration is easily overlooked, and after you repair the external portion you have a rectocele with prolapsus, the cervix often resting on the new perineum, which in time it must dilate besides not relieving the main symptom for which the operation was performed, namely, the uterine prolapsus. The proper procedure, which is difficult to describe, is as follows: After deciding the points on the labia from which a semi-circular incision is usually carried across the posterior vaginal wall to the opposite point, my method consists in carrying this incision upward in the lateral sulcus to the side of the cervix, or in other words, to the cul-de-sac; repeating this incision on the other side leaves a strip three-quarters of an inch to one inch wide between the two incisions, beginning at the cervix. I denude this strip, extending as far outward to the perineum as made necessary by the condition of the parts. Next I introduce interrupted sutures, commencing at the cervix and approximating the edges of the mucous membrane until the labia are reached; next introduce your heavy muscle suture as usual, and finally close the external skin wound After the operation is complete you will be agreeably surprised to find your heretofore shortened posterior vaginal wall to be of normal length and the cervix reposing high up in its normal position; you will likewise find that you have a much better pelvic floor than by some of the accepted methods of repair.

In conclusion, I will say again, let us be more conservative, a little more thorough in the preparation of our patient for the ordeal through which we would have them pass successfully.

IONIC SURGERY IN MALIGNANT NEOPLASMS.

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Some twenty years ago, Dr. G. Betton Massey introduced to the medical profession his now famous method of destroying, under general anesthesia, cancers by zinc-mercury cataphoresis, and it has received but scant attention by the profession in general. A few electrotherapeutists have given some attention and a few others considerable. To the latter, the writer classes himself, because some sixteen years ago I operated on my first—sarcoma on the arm of a trained nurse and with perfect success. The patient remains free from all manifestations of disease to this day. I am of the opinion that had the method the stamp of "Made in Europe" or "Imported," it would have at once secured the attention and trials which it so richly merits.

Learn to choose the proper cases in which to use the zinc amalgamate needle and the zinc needle without amalgamating, and greater success is yours than by any other.

If metastasis has occurred or the patient depressed by anemia to such a depth as to render any method a failure, you surely can not expect or demand success by Massey's ionic method.

All operations by knife must be extensive, no matter how small the growth. I say extensive as compared to the size of the growth. Referring then to growths still local, the vital question of the greatest importance at once arises, What is the best method of removal or destruction? To my mind there is but two, both electrical: First, the local *diffusion* of *metallic ions* and thermo-coagulation conjoined with careful, very careful subsequent treatment, which may consist of repeated minor or major applications, if necessary, and proper X-raying. Says Massey: "Unless the growth has been removed to its remotest prolongations, together with all infected glands, without wounding the growth itself or permitting the tumor juices to come into contact with cut edges of the healthy tissue, the results will be no better than in the past." This is the crucial test—can you, by the aid of your knife, extirpate a growth of considerable size in such a way as to avoid wounding the cancer? Allow a minute particle of cancer cells to remain, or scatter them throughout the wound, and your *failure is certain*. My experience has taught me not to allow the excision of a pathological specimen but a few moments before operating. There are a few open cases to which this does not apply.

D. Hayes Agnew said that he had removed in his time a cartload of cancerous tumors, but all the patients had died from the disease—ultimately. In every case, even the very small ones, the wide, sweeping operation must be done if you use the knife, and you must get action early in the case.

Operative Technique.—"Bipolar operation" is the term employed by Massey to designate a major application in which the negative pole is

applied on the center of the growth, while the active positive zinc-mercury needles or spears are inserted just beyond the periphery of the growth.

There is also a method of technique known as monopolar, a method which I have never used in the sixty cases that I have selected for the method. The bipolar method is far superior, in my opinion, first, because we limit the action of a powerful current to the tissue you wish to destroy; second, you have no concern regarding the heart's action or respiration as far as the current is concerned, and have only the chloroform or ether to watch; third, absolutely destructive current of from 700 to 1,500 Ma. can be used with impunity, concentrating in the growth and thus quickly ending the operation, shortening the anesthesia, and avoiding anesthesia pneumonia and shock. We must have a method that acts quickly, devitalizing all the cancer cells, sterilizing the part, and at once *sealing up the absorbents, thus preventing operative* reinfection or *worse.*

Operative Metastasis.—The operator's skill and special ingenuity in fashioning electrodes suitable for growths and difficult approaches will greatly aid. For instance, the cervix or tonsil will test your mechanical ability, and sometimes the success of the operation will depend on this mechanical ability. If you get the current to the growth in a skillful and efficient manner, and to every particle of the growth, it will be destroyed, never fear, and if you get the case early enough before metastasis has occurred and you are accurate in your work, success will crown your efforts. You will be able in six to ten weeks to discharge your patient as *free from all indications of the disease.*

After-treatment is very simple. A plain gauze dressing is all that is necessary, and needs to be renewed in twenty-four to forty-eight hours for eight to twelve days, when more frequent dressing will be necessary. Unguents, bichloride, etc., are unnecessary and should be avoided. A small dose of morphia may be necessary in some cases during the first twenty-four or forty-eight hours, this depending on the location and size of the growth, small ones, as a rule, causing the most annoyance, but in every case the pain is not great. Some of my cases were entirely without pain and very little swelling.

Rectal cases I have found the most painful. Let me state that this is the only method offering any hope in rectal cancers, though I would follow the ionic method with massive doses every ten days of X-rays, high tube, filtering with albuminum and leather filters, cutting out all but the deep rays. In from ten to twenty days a slough will occur, and where the growth was large, the zinc-mercuric salts will drain away and some odor will arise. In such cases I do not hesitate to use a sharp, irrigating curette, scissors, etc., and irrigate and curette away the sloughing necrosed tissue, being very careful not to disturb the line of demarcation—that portion that has been walled off. *Let this wall alone.* This wound is to heal by granulation, and our object is not how soon to heal it over, but rather to take plenty of time, watching each day for malignant cells—pearls or

embryonic tissue. Massey, I believe, does not advise the curetting of the necrosed tissue, but prefers to let the slough form and come away spontaneously, and if some odor appears to use such dressings as will prevent and remove.

When bony structure is invaded by the growth, and the ionic surgery properly accomplished, spiculas will separate from healthy bone in from thirteen to twenty-six weeks.

Secondary Hemorrhage.—This has never occurred in any of my cases, although I fully realize that it is easily possible, and the location of the growth, etc., should warn and cause proper precautions to be taken for such emergencies. After slough, Massey advised the fostering of granulation in the excavation, by the use of mild zinc oxide unguent used freely, and so far as my experience goes, this is the best. Massey has been carefully working along this line, the method belongs to him, and he certainly knows more about it than any or all of us using the method combined, and his words should have weight, backed up as they are with twenty or more years of experience. My trouble in some cases was to retard granulation; it closed up too fast. I felt I was sure to envelop some malignant tissue.

Those who use the knife and can not be made to see the light of better methods would, I feel confident, secure better results by healing their wounds by granulation instead of striving so hard for "first intention." Perhaps I am wrong as to this—I am not strong for the knife method at best—perhaps I am myopic? Where large wounds occur, and at the proper stage of the treatment, the knife is my favorite, for plastic purposes only.

The proper apparatus for this purpose is so well known by those that employ electricity for medical purposes as to render a description unnecessary and superfluous. I will, therefore, pass on to a brief history of a few cases from my case records.

Case 36.—Female, aged twenty-eight. Pathological examination made by Prof. Stuky and pronounced sarcoma. The growth was located on the scalp over the right occipitoposterior, and was one and a quarter inches by one inch, and protruded about two-thirds of one inch above the surrounding scalp.

On September 29, 1914, assisted by Dr. I. S. Platt, I performed under general anesthesia a bipolar zinc-mercuric operation, five zinc needles bent to proper angle.

Amalgamated and inserted to the skull, one inch from the outer margin of growth, and 350 Ma. used for forty minutes. Simple dressings were daily made, and by the twentieth day thereafter a complete slough had occurred. The cavity was kept packed with gauze, and other means, such as other minor zinc operations, were employed simply to get slow granulation. This was continued until December 15, when complete healing

had occurred and patient discharged free from any indications of the disease. She will report for observation every two months.

Case 24.—Female, aged forty-one years. Diagnosis: Spindle cell sarcoma on right forearm near elbow, about the size of a silver quarter. Under H. M. C. a bipolar ionization was performed and 400 Ma. was used for twenty minutes. The condition received the usual simple dressing for five weeks. No recurrence and patient has been under observation for six years.

Case 41.—Male, aged forty. Pathological examination made in Brooklyn, N. Y., two years ago and pronounced spindle cell sarcoma. This diagnosis I confirmed when patient came to me. The growth was on the right forearm, about two inches below the elbow joint. A surgical operation had been done and the usual prompt return of growth; this was some sixteen months ago. The condition presented was not favorable to the ionization method. Under ether and using the bipolar method, six zinc spears were employed, carrying 750 Ma. for forty minutes. The usual dressings were made and the necrosed part treated in the usual way. Slough came away in three weeks, but on opposite side of arm the growth was showing, also down near wrist joint. There was nothing to do aside from amputation, which was accordingly done, at the middle and upper third of the humerus. Patient made fine progress and gained eighteen pounds in three weeks. This case is mentioned to show a failure, and also to show improper selection. Let me say, however, that it was at the repeated request of the patient that the method was even attempted.

THE EVOLUTION OF THE LOCAL VENEREAL DISEASES.

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It was invariably taught until quite recently that the viruses of chancroid and gonorrhea were specific entities which were always and invariably the same, their inoculation being followed under all circumstances by similar results. Indeed, I accepted this view so confidently that it is with some hesitancy that I will endeavor to present views that are diametrically opposite to those which I formerly believed to be correct.

When Drs. Taylor and Bumsted, in their excellent work upon the venereal diseases, advocated the doctrine that the chancroidal virus was not a specific entity, and that chancroidal ulceration differed in degree only, rather than kind, from ulcers of a simple character, there were very few, indeed, who did not antagonize their views. It is only within a very short time that I have been convinced, from observation and experience, that chancroid and gonorrhea are diseases which may arise *de novo,* and which, in the true sense of the term, are not specific. It appeared to me that it is only by the acceptance of this theory that it is possible to understand something of the origin of chancroid and gonorrhea and which we certainly can not do under the old and generally accepted doctrine of specificity.

While we may not be able to positively demonstrate the origin of poisons of all infectious diseases, it is difficult to comprehend that a specific poison has always existed in any case, and it is certainly a great step in the advancement of medical science when we become able to trace the poison of any particular specific disease to its source. We have not been able to do this with many diseases, for it is fully as difficult to understand the circumstances under which certain morbid entities affecting the human body sprang into existence as it is to comprehend the precise conditions under which vitality itself first made its appearance in matter hitherto inert. A view of the morbid conditions affecting animal life have fortunately been traced to their origin, and through the germ theory we have at least begun to see a little light in regard to the origin of infectious diseases. Even at the present day, however, very few scientists are looking in the proper direction for the origin of disease, for if we admit that the germs of disease are living entities, why is it not logical for us to bring to bear upon them the same laws of evolution, every progressive differentiation and development that we now apply to all other living creatures? Disease is incident to the life of every animal, and as we study the evolution of the animal, so should we study the evolution of its disease.

Every phase of animal development and progression is subject to adverse elements of various kinds; thus each animal is relentlessly pursued by foes of a higher or lower evolutionary development. Man with his superior power, born of knowledge, has been able to contend successfully with all of those elements which are inimical to his welfare, with the exception of those apparently insignificant little organisms—the germs of disease. As man himself has become differentiated through varying circumstances of environments, so have his foes become differentiated; hence he has become more susceptible to the inroads of certain forms of disease germs, but less susceptible to others. Certain varieties of germs have become extinct, while new forms have been developed. Others again have become so modified as to have almost no resemblance to the parent stock.

By pursuing this line of study, we may eventually find that many diseases which are now apparently quite dissimilar have become so by the differentiation of germs upon which they depend, and perhaps may discover the circumstances which have brought about such differentiation. In applying this theory to chancroids, I first desire to call your attention to a few analogical arguments that are certainly striking.

We will take as our point of departure, diseases of a known or alleged specific nature and see if we can not find elements in two forms of the same disease which are more dissimilar than are simple genital ulcers and chancroids. In smallpox we note several degrees of severity from a varioloid, in which there perhaps exists but a single pustule, to the variola hemorrhagica or maligna, which is so fatal to life. The resemblance between these two extremes in very slight, yet they are the same disease.

Or, to go still farther, note the difference between smallpox and vaccinia. Not much resemblance between the two you will admit, yet the poison of the latter is a derivative of the former, and by its actions the human system is rendered insusceptible to the attacks of its more vigorous and noxious ancestors.

In scarlatina we have all grades of severity from the walking form in which one would hardly know that the child is ailing to the scarlatina anginosa or maligna in which the life of the little victim is despaired of, or so rapidly destroyed. A singular fact is that in the severe forms of scarlet fever the angina assumes characteristics so severe and of so peculiar an appearance that the doctor is sometimes impelled to say "this child also has diphtheria." Do you believe that the system of the child could be a field for strife between two infectious constitutional diseases of so pronounced a type? I do not; but I am convinced that these cases are illustrations of the manner in which certain diseases supposed to be separate and distinct are correlated, and, furthermore, of the possibility of their development *de novo*.

Typhoid and typhus fevers have numerous degrees of severity, the extremes of which are strikingly dissimilar in each instance. We know, too, that typhoid and typhus fevers may develop *de novo* under favorable circumstances or environments. Malarial fever varies in severity from slight ague shakes followed by fever to the pernicious type which speedily destroys life. Clinically malarial and typhoid fevers are frequently confused.

Septic infection in surgical diseases may result in one of several degrees of severity of blood poisoning, from the slight febrile disturbance which was formerly termed "traumatic fever" to the overpowering and speedily fatal septicemia, which is so nearly identical to snake bite in its effects upon the blood. Interposed between the two, we have acute and chronic pyemia. These phases of diseases differ widely, yet they are one and the same cause. Erysipelas is a disease which may vary in type from the slight form of inflammation, which is hardly more than an erythema to such severe forms as that which sometimes affects the scrotum, and not only causes sloughing, but often a fatal result. Can we detect the slightest resemblance between the two? I think not, yet they are the same disease. Inoculate your finger with blood drawn from a patient with erysipelas of the face and you may escape erysipelas entirely; if you do not it is apt to occur in a mild form. If, on the other hand, you inoculate yourself with the secretions from a sloughing scrotum and you do not die of septicemia, the least you can expect is phlegmonous erysipelas of a severe and dangerous type.

I would also call to your attention the vast difference which exists between the different forms of puerperal disease. Thus we meet with cases of peritonitis, cellulitis, phlebitis and acute fatal septicemia, all due to the varying conditions and effects of the same *materies morbi*. Further

illustrations are perhaps unnecessary, but I must not omit the most important analogy of all, viz., diphtheria. Present observations of a clinical character have shown us that the diphtheritic virus, germ, influence, or whatever you may choose to term it, is capable of producing many different phases of disease of the naso-pharynx, varying from a slight and apparently simple sore throat with little or no constitutional symptoms, to an exudative malignant affection capable of rapidly destroying life, and invariably producing the most profound constitutional disturbance. We know that epidemics of simple sore throat are closely associated with epidemics of diphtheria. With the coming and going of an epidemic of diphtheria, especially, as well as during its maximum dissemination throughout a community, we observe many cases which, while they do not present the typical character of diphtheria, and the diphtheritic micrococcus can not be found in the pharyngeal secretion, are, nevertheless, due to the same influences as diphtheria proper. When diphtheria exists in a family of several persons it is often observed that apparently simple sore throats will appear in some members of the family, while others are affected by genuine diphtheria and that the simple cases often become transformed into the more malignant type. Physicians in attendance upon cases of diphtheria are often affected by sore throat of greater or lesser severity; this being my own experience whenever I attend cases of this character for any length of time. A defective drain has been known to affect different members of the same family with morbid conditions of the throat, varying from trifling soreness to malignant diphtheria and also with varying types of essential fevers. I have mentioned these many facts which are apparently so foreign to the subject of chancroid and gonorrhea to demonstrate the varying results which may be produced by the evolution of the same poison.

Now, what is the reason that these so-called specific poisons manifest themselves so differently under apparently identical circumstances? Simply a varying virulence of the poison upon the one hand, and varying susceptibility upon the other, these variations being comprehensible to me only upon the hypothesis of evolutionary changes in the germ, as well as in its field of action, that is, the human system. Let us consider this hypothesis and see if the variations of the phenomena of disease is not dependent upon a variation in what has heretofore been considered an unvarying entity, a specific germ may not be an ingraft upon it, or at least a matter of development.

Let us take as our first point of departure those innocent germs cocci, or, if you please, minute organized particles, which everywhere exist in the atmosphere. These germs multiply by their own peculiar methods of pro-creation and such multiplication is favored or opposed as the case may be according to their environment. With heat and moisture, protection from light and air favor the development of many such organisms. It is obvious that successive crops of germs are possessed of properties

which diverge more or less from those of the parent stock. This is an universal law that applies to all living organisms. The newly acquired properties are modified, or varied according to circumstances of environment. Whether it is the germ proper, their secretion, or excretions, if such there be, or new and complex compounds produced by their actions upon putrescible matter that produce their peculiar effects upon organisms more highly differentiated than themselves, it would be difficult to determine; but it is at least conceivable that sooner or later, in process of evolution, germs are developed which are possessed of properties by virtue of which they are capable of producing definite effects upon the human system. Thus we have by evolution the spontaneous generation of so-called specific poison. Now, do not understand me to say that the germs themselves are spontaneously developed, for, while such an event is perhaps possible, it is as yet disputed by the best scientific authorities. What I do claim is that the poison of disease may be developed by the evolution of and acquirement of new and toxic properties by germs which were primarily innocuous.

Having arrived at a stage of development where it is capable of producing definite morbid effects upon the system, we might suppose that this germ would cause invariably similar effects upon the human economy. But the law of evolution still follows the germ of disease in its tour of mischief, and as I have attempted to show you from a clinical standpoint, modifies the resulting phase of disease most markedly, independently of the special properties of the individual germ. The conditions modifying the results of germ infection are as nearly as I can understand them as follows: (1) The degree of virulency and vitality of the germ at the time it enters the tissues or blood of a human being; (2) the inherent vitality of the individual or his resisting power at the time of infection; (3) individual susceptibility to the partcular disease represented by the germ, that is, idiosyncrasy; (4) the condition of the eliminative apparatus of the person affected; (5) if the disease germ has special predilection for any particular tissue the result will be modified by the condition of that tissue at the time of its infection, as the typhoid bacillus and the common bacillus of cholera. Asiatica most readily affects those who have morbid conditions of the alimentary canal. Diphtheria is most apt to attack persons with acute or chronic nasopharyngeal disease; (6) one of the most important of all, the number of germs and the length of time during which the patient is exposed to their influence.

Now to attempt the application of this theory of the spontaneous development of specific poisons to the development of the viruses or germs of the local venereal disease. The idea that the chancroidal poison is one which has always been inseparable from the human species is, of course, untenable. Somewhere along the line of our ancestry, chancroid appeared, but, at what time, history does not tell us. The human race in general must have begun existence with considerable capital in the form

of a healthy organization, and every disease which now affects unfortunate humanity must necessarily have developed since the species originated.

As the races have become differentiated or have diverged, new circumstances have been encountered which have modified the organism of the human being and, in course of evolutionary progression, many various diseases have arisen. This fact has been due to the following causes: First, the appearance upon the scene of weaker and more susceptible organization than those of the parent stock; second, changes of telluric and climatic influence; third, injuries and vicissitudes experienced in the struggle for existence, modifying the organisms of numerous individuals, such modification being transmitted to the descendants; fourth, varying character and quantity of food and drink; alcoholics within a considerable number of generations having exerted a marked influence; fifth, varying sanitary circumstances involving crowded poison and other forms of noxious and contaminating animal matter; sixth, varying personal hygiene, involving cleanliness, exposure to cold and wet and other influences which may modify individual constitutions; the question of sexual habits here enters into consideration and is necessarily of special importance in its bearing upon the evolution of the venereal disease; seventh, the gradual and certain evolution and differentiation of and acquirement of new properties by living germs. So much for the acquirements of disease in general.

Gonorrhea and chancroid have probably arisen in a manner precisely similar to the evolution of other infectious diseases, and while it is premature to say that the poison of two diseases are precisely identical, I am firmly convinced that they are different in degree rather than kind, and of similar origin, to say the least. We are not lacking in authorities who believe them to be precisely the same. Dr. R. W. Taylor is one of the leading authorities who claim that chancroid is not a specific disease in the sense that we speak of variola, and that moreover, its poisonous secretion is precisely the same as that of gonorrhea. Dr. T. R. Sturgis also holds this view.

The origin of gonorrhea and chancroid must necessarily be the same if the evolutionary theory of their origin be correct. The vagina of the female is as excellent a nidus or hotbed for the generation of poisons as could be well imagined, and when we consider the larger number of women who are affected by uterine or vaginal disease, it is a matter of wonderment that the venereal affections are so few in number and manifestation. There exists, even in perfectly healthy women, the circumstances of heat, moisture, protection from air and light, and the occurrence very often of local irritation in the form of excessive cohabitation. Superadded to these normal or quasi-normal conditions a suitable problem for the development of germs in the form of uterine or seminal discharges, and we are apt to have conditions decidedly detrimental, not only to the woman herself, but to the generative organs of any one with whom she

may chance to have sexual intercourse. Few women are free from diseases. The woman who is perfectly sound is very rare, indeed, and, in the uterine discharges, bacteria may develop and wax fat. Many women, through ignorance in some cases, through natural physical indifference in others, are exceedingly unclean and allow both natural and unnatural secretions to accumulate until the conditions of their sexual organs is, indeed, filthy. This is especially the case in low-class prostitutes, and unfortunately is often the case among women who are respectable, or quasi-respectable. As has been remarked by others in connnection with the subject of urethritis and chancroid, the high-toned prostitute is not so open to impeachment upon the score of uncleanness as those of lower grade. In a general way it may be said that if every man could view for himself the actual condition of most of the women of easy virtue with whom he is brought in contact there would be a decided improvement in the moral tone of the community. I may also add that with the present unhealthy manner of living in vogue among the fair sex, many young men would give up all romantic ideas of matrimony if they could but inspect the object of their ambition through the speculum of the gynecologist. So much for uncleanness and disease independent of the question of virtue and morals.

As the circumstances of uncleanliness, unhealthy secretions, local irritation, heat, moisture, deprivation of free air and light favors the development of germs and particularly those of decomposition, it may be readily understood that after a time such a bacterial development actually takes place in the vagina of some women. The innocuous germs of the atmosphere enter and begin their work of procreation or multiplication in an environment scanty in its supply of oxygen and decomposition occurs, and with it new germs appear upon the scene which differ from the parent stock, and so the process goes on until a very irritating poison is developed. If, during this time the discharge from a diseased urethra be added to the noxious material, or, if semen be deposited in this hotbed of putrefaction, so much the better for the development of a specific poison. Selmi and Goutier have shown that poisonous alkaloids develop from putrefaction, and it is to these poisonous substances of ptomains that I am inclined to attribute the trouble in gonorrhea and chancroid. The decomposition of semen is especially likely to produce such a poison. If this be correct, it is to the products of the bacteria rather than to the bacteria themselves that we must attribute the results of chancroidal and gonorrheal secretions. It is, therefore, assumed that while bacteria may be present in cases of gonorrhea and chancroid, they are by no means necessarily so; this would explain why scientific observers have found bacteria or cocci in some cases, while they have been unable to do so in others. The varying degree of acidity and quantity of ptomains and the varying susceptibility of mucous membranes would explain the differences

which appear to exist between gonorrhea and chancroid, as well as between mild and severe types of the same disease.

Now, as to the conditions which modify the results of the virus generated *de novo* in the human vagina are as follows: First, it is obvious that much depends upon the age of decomposition and the degree of inflammation present, and the frequency of coitus; the constitution and habits of the woman and the character of any semen or urethral discharges which may be deposited in the vagina and the degree of cleanliness of the woman; second, the amount and degree of virulency of the virus deposited upon the absorbent surface in another individual; third, the cleanliness, local and constitutional conditions, habits and sexual hygiene of the recipient of the cultivated virus; fourth, individual predisposition. With reference to the latter point, Dr. Jordon Lloyd has made the following excellent remarks: "There can be no doubt that some individuals contract and even develop venereal diseases more readily than do others." There can be no doubt that all physicians from the nature of their calling must, during the course of each year, be exposed to infection of one kind and another, many hundreds of times. I am not aware that physicians take any particular precaution in the way of protecting themselves from these influences. Immunity does not in every case depend upon their having already suffered from attacks of various infectious diseases. How is it then that they so rarely become affected? It is because they have not the predisposition—whatever that word may mean—because their bodies do not present a suitable nidus for the growth and development of the germs of disease?

Again, in a class of cases more closely allied clinically and pathologically to those under discussion, how often do we see among hospital officers, men who are frequently developing crops of hospital furuncles on their hands and arms; others with constantly recurring sore throat, others with inflamed wounds and lymphatics from post-mortem abrasions, while at the same time and under precisely the same conditions there will be men who, year after year, remain free from all such trouble. Susceptibility of one class of individuals to certain poisonous influences, or insusceptibility of the other must be the explanation. There is nothing more strange in it than in that of many well known idiosyncrasies; for example, the poisonous effects of eggs and tobacco on certain persons. This is the class of people in whom, as we well know, wounds are more likely to heal by granulation than by first intention. Lloyd speaks of such persons as follows: "These people apparently of robust health and iron constitutions, frequently have boils when their lymphatic glands inflame, and they often do, and the process more often terminates in suppuration than resolution. Trivial wounds in such people do not dry up at once; they heal by granulation. I believe these contract venereal diseases where ordinary mortals escape them.

Under the head of local conditions, phimosis, paraphimosis, balanitis, posthitis and herpes, not only modify the cause of chancroid but undoubtably act as predisposing causes. As a consequence of widespread variations that exist in the conditions which I have given you, there may result from different inoculations of essentially the same products of decomposition different degrees of infection; thus the disease acquired by exposure to such irritating material may be, first, a simple balanitis, balanoposthitis, or venereal vegetation; second, simple urethritis; third, a virulent urethritis; fourth, simple venereal ulcers indistinguishable from advanced herpes; fifth, classical chancroid. You may imagine I would find it difficult to show you just what variation in the development of the poison determined a gonorrhea upon the one hand and a chancroid on the other, but you will be perfectly safe in assuming that comparatively trifling differences in the circumstances of the development of the poison, as well as the differences in the local and constitutional condition and idiosyncrasies of patients are amply sufficient to account for the difference in results.

We will lay theoretical considerations aside for the moment and consider some of the clinical facts bearing out the theory of the development of chancroid and gonorrhea *de novo,* and its correlations with other and simple affections First, it is found that the discharge from virulent gonorrhea, if confined by a tight prepuce, will cause quite severe inflammation and phimosis balano-posthitis, and, if not speendily relieved, excoriation and even ulceration will result; second, the discharge from these lesions, as well as that of gonorrhea, will oftentimes produce pustules if auto-inoculated. It will generally produce some inflammation and in experiments upon cachetic patients I have known the tissue to break down in ulceration which, I am free to say, appeared to me to be identical with some of the simpler cases of chancroid; third, the long continued contact of these secretions with the mucous membrane often causes a crop of venereal warts. These frequently result from simple irritating secretions, that is, in pregnant women, and are an occasional complication of chancroid; fourth, chancroid of the urethra is always attended by urethritis of a greater or lesser severity; fifth, gonorrhea and chancroid are often associated in the same patient, either appearing at the same time, or at such intervals that one can quite plausibly be due to infection by the secretion of the other; sixth, both diseases are contracted from the same woman. The higher class of prostitutes comparatively seldom convey either disease; seventh, I have, myself, examined women from whom both diseases have been contracted by different men at different times, and found them unclean, but, at the same time, free from both acute and chronic vaginitis and chancroid; eighth, any of the urethral or genital lesions may be followed by suppurative bubo, different chiefly in degree from virulent bubo. I have succeeded in auto-inoculating pus from a bubo secondary to severe balanitis; ninth, it is always difficult to say

where simple genital ulcer terminates and chancroid begins. The test of auto-inoculation is hardly fair, as it simply tests the degree of virulency of the ulcer; tenth, the natural tendency of chancroid is to lose its specificity in a short time and by a reversion of type to assume the benign characteristics of a simple ulcer.

I have been asked why all cases of gonorrhea do not present ulcerations if the poison be the same as that of chancroid, and why urethral chancroids do not destroy the entire urethra. Now, let me repeat that I believe the poisons are similar in origin and kind, but different in degree.

To the first question I would answer, because the virus is not so highly developed as that which produces chancroid and because, moreover, the urethra is a different structure from the glans penis, and is being flushed out by the urine. For that matter instead of pronouncing a case of chancroid of the urethra and complicating urethritis, why not call it gonorrhea with ulceration? Perhaps the former diagnosis is confounding *propter hoc* with the *post hoc*.

In answer to the second question, I will state that the reason for the non-extension of urethral chancroid is the same as for its non-extension when it occurs upon the external surface of the genitals. As the virus invades increasing areas of healthy tissue, it necessarily meets with a resistance proportionate to the inherent vitality of the cells of healthy tissue and, as a consequence, unless the local conditions are extremely favorable to the development of noxious and irritating secretions, the acidity of the virus becomes exhausted after a time. In addition to this fact we have the circumstances that there is more or less inflammation attendant upon chancroid and, as a result, we have an exudative barrier of greater or lesser extent thrown up about the lesion which opposes its progress to a certain extent. If, however, the patient be uncleanly or unhealthy, or, if he be possessed of an idiosyncrasy predisposing to a phagedena, there is little vitality in the normal cells to oppose the inroads of the chancroidal process and so slight an exudative formation that rapid destruction of tissue is liable to occur.

Those latter points must be taken into consideration in our studies and treatment of chancroidal phagedena and phagedenic bubo, as they will be of great assistance to us in actual practice.

THE HISTORY OF A MAMMARY CANCER.

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While the usual origin and course of mammary cancers are well known to all physicians and surgeons, it is possible that the case herein reported may present features of interest to the medical profession.

In the early part of July, 1904, Mrs. G. fell against a dressing case, bruising her right breast, which soon became discolored and somewhat painful, but no special attention was given to the accident. One year later she called my attention to the injured gland, when I found a hard immov-

able lump in it about the size of a walnut, and advised its immediate removal. This she neglected to have done, and in due time the "old, old story" of a neglected injury to the mammary glands was repeated and another cancer added to the world's enormous list of this life-destroying disease; but Mrs. G. still refused to have the breast removed.

In 1913, the cancer had involved fully one-half of the gland, and to her affliction was added a mild, but constant uterine hemorrhage. I now declined further connection with the case unless the woman would agree to follow my advice and comply with my directions in every particular. This she readily agreed to do, and after appropriate constitutional treatment, she was taken to the Galen Hospital, where a supra-vaginal hysterectomy was done and the uterus found to be studded with fibroids, and several submucous tumors were also found. She recovered nicely from this operation, and ten days later the entire right breast was removed. Both wounds healed perfectly, and mainly by first intention. Recovery from these operations was uneventful, and her general health became good. Two months later, however, a lump as large as a hen's egg developed in her left hip, causing severe pain. Vibration was employed over the hip tumor and in about six weeks it entirely disappeared. From the time of the appearance of the lump in her left hip she never was able to walk without crutches, although she possessed a fair degree of health.

On November 1, 1914, the bowels and kidneys failed to perform their functions, secretion and excretion of these organs having entirely ceased. She soon passed into a comatose state and died on the fifth of the same month. What was the immediate cause of the patient's death? Is it not possible that she had a growth in the medulla that interfered with the centers controlling the vasomotor nerves, and, furthermore, is it not possible that she may have had a metastatic carcinoma of the left hip? But be this as it may, it is certain that Mrs. G.'s case affords additional evidence of the fact that all immovable tumors found in the female breast, be they ever so small, should be promptly removed.

COMMON SENSE OBSTETRICS.

G. W. Harvey, M.D., Bigpine, Cal.

Accouchement is the natural process by which the human race is multiplied, and, ordinarily, the less it is interfered with by midwives and doctors the better it will be for all concerned. The doctor should know how to lend aid, and to assist nature in her efforts, and be able in any emergency to advise as to the best course to pursue, but always to let well enough alone.

The greatest benefit is in preparing your patient for confinement. This should be done as required all through the period of gestation, but the last three months it is imperative that you keep a close watch on the patient, and if you will give helonias and mitchella, a dram of each one to

four ounces of menstruum, and one teaspoonful of that four times a day until the end, your patient will come through the ordeal and get up better than you ever dreamed of. If varicose veins are present or develop, give calcium flour 3 x, two grains, three times a day. If she is nervous and despondent, give kali phosphate 3 x, in the same dose and frequency. If the teeth ache give calcium phosphate 3 x, in same dose and frequency, and provide the lime that the system is taking from the teeth to supply lime for the developing bones of the coming infant.

When called to wait upon the confinement, wash your hands and anoint them with pure olive oil into which a few drops of Lloyd's cinnamon has been dropped. This makes the most fragrant and positive antiseptic that I have ever used. The smell is far more pleasing to your patient than some of the stinking antiseptics that are not half as efficient. Make sure of your position and, if all is right, mix in half a glass of water thirty drops of Lloyd's macrotys and ten drops of gelsemium (red), and give one teaspoonful every half hour. In a normal case the trouble will very soon be over, and when it is give fifteen drops of your erigeron and cinnamon compound on a little sugar, then you are ready to change the linen and bandage the abdomen with a suitable binder, tight and snug, after which she may go to sleep. In the meantime you have had the infant in mind and as soon as opportunity permits it should be oiled freely all over, head and ears, and eyes, with pure olive oil. Not a speck of the vernix caseosa should remain and not a drop of water should touch the infant. As soon as this process has been completed, dress the cord with a small square of oxolint with a slit cut in one side, about an inch deep. Before it is applied saturate it thoroughly with a mixture of equal parts of pure olive oil and glycerine, to which a few drops of Specific Medicine cinnamon has been added. Once applied the cord will need no further attention until it drops off, when a big fat raisin split open endwise and the seeds removed, will do the trick better than anything else in the world. Apply the meaty side to the navel and my word for it you will never use anything else. Don't order any douches if you have the welfare of your patient at heart. If the Almighty had wanted the woman douched after confinement, there would be a fountain syringe with every afterbirth. Let the parturient canal alone. Nature will cleanse and heal without your help, just as she does in all the animals, who never have any trouble if let alone.

Before you leave the house mix two drams of Specific Medicine black haw and one dram of macrotys in half a glass of water and order one teaspoonful of the mixture every three or four hours, unless there should be after-pains, in which event it is to be given every twenty minutes until they stop. If there is any trouble with the breasts give in half a glass of water two drops of Specific Medicine aconite, and twenty drops of phytolacca, and then of the mixture, one teaspoonful every hour or

two, and order them well-rubbed with hot oil of pennyroyal every two or three hours.

If by any chance a septic condition arises echafolta and aconite, or veratrum as indicated, in one glass and kali chlor., ten grains in another, and one teaspoonful of each alternately every one-half to one hour, will very soon set things right. It has never failed me. Keep the patient on a light or liquid diet for at least four days, and when time for a bowel movement, do not give any of the licorice compounds, or other pesky griping laxative, but a dose of the effervercent phosphate of soda, a bottle of citrate of magnesia or sedlitz powders. Make it as easy as possible and as pleasant.

In over twenty years of practice I have seldom needed anything other than the above, except in placenta previa, where the natural oil of rhodium in ten to fifteen drops doses on a little sugar every half to one, two, or three hours as needed, controlled things, and all came out well.

RECURRENT TERMINATION OF PREGNANCY, ETIOLOGY AND PROPHYLAXIS BEFORE CONCEPTION.

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The causes of aLortion are many and varied. Much has been written on the subject and yet there is ample room for discussion. The purpose of this article is not to deal with all types, but only with the type that occurs spontaneously. Criminal abortion has no place here, but in passing it may be mentionned that after all literature has been exhausted on the subject the prophylaxis resolves itself into three heads, viz., better economic conditions (politically, financially and socially), better legislation and better education.

Regardless of cause all cases should have the attention and services of a physician, but the spontaneous recurrent type demands more from a prophylactic standpoint, perhaps, especially from the patient who desires an offspring. The patient placing herself under the physician's care, gives the history of a first abortion or miscarriage following an injury, a fall, railway journey, or perhaps no cause can be ascertained as far as the patient's knowledge is concerned. This in general is the history.

Before any treatment is outlined the cause, if possible, should be found. The patient's history, a physical examination and, in some cases, a laboratory test is required before the physician can arrive at a definite conclusion as to diagnosis.

A chronic pathological condition of the endometrium with all its signs and symptoms is a cause that ranks first as to spontaneous abortion and miscarriage, occurring at regular or irregular intervals. Conservative treatment may be tried and, if successful, a thorough curettage is necessary to remove all the diseased decidua. Lacerations of the cervix is not as common a cause as some writers would have us believe, but the condition may be the primary cause to an existing endometritis. Trache-

lorrhaphy may be done, especially if the laceration extends to the perimetrium, but if the lacerations are small and there is no disease of the endometrium, direct the search to other sources.

Adhesions resulting from inflammatory deposits in the pelvis may cause the enlarging uterus to expel its contents. Generally there is a history of a pelvic cellulitis or peritonitis. Pain is a symptom to be expected from the onset in the early pregnancy of this type. On examination, the uterus is in malposition, fixed or limited in motion. Celiotomy is to be advised, the adhesions ligated and sectioned, and the uterus restored to its normal position. Malpositions of the uterus may be a factor to be reckoned with; here again the abortion may be the result of an endometritis secondary to the malposition. If the condition does not yield to medical and simple treatment, operation by one of the various methods on the ligaments, to hold the uterus in normal position, is the best procedure. Malformation of the uterus may be a baffling condition to combat. Some of these deformities can be corrected surgically. History of these cases are reported with good results after the deformity had been wholly or partially removed.

Tumors of the pelvis, whether internal or external to the uterus, may cause irritation by pressure and set up muscular contractions in the pregnant organ. These conditions are all generally indicative of surgery.

When in doubt as to diagnosis a Wassermann test, both paternal and maternal, should be made when the cause is held in the background. "When in doubt play trump," and sometimes the anti-syphilitic treatment is the ace of trump. A physician should always be suspicious of syphilis when there is recurrent miscarriages without apparent cause. Constipation should not be overlooked as a causative factor. A hypersensitive uterus can be stimulated to contraction by straining at stool or by pressure from the accumulation of fecal matter in the lower colon. The bowels should be well regulated before conception and maintained throughout pregnancy.

Of late much stress has been placed on placental enzymes and the toxemias of pregnancy causing hyperemesis, eclampsia and often resulting in miscarriage, either spontaneous or induced physiologically, to prevent fatal results. Although the treatment of these conditions is applied to the pregnant state, much aid, from a prophylactic standpoint, can be given prior to conception by getting the emunctories in good working condition. Obese and anemic patients require treatment to suit the case. In obesity a restricted and regulated diet should be urged with exercise in the open air. In anemic patients the cause, if possible, should be removed, prescribe tonics with iron and a suitable diet until the constitution is brought to par.

An interval of at least nine months, in most cases, should be enjoined on the patient before another conception is permitted. This is not always practicable, but our patients must be warned if the precaution

is not observed. Physiological rest aids the uterus to outlive its faulty condition or irritability. If possible, the patient should take a vacation from the environments of home where physiological and sexual rest is assured, especially the patient with endometritis or subinvolution, as neurasthenic symptoms are not uncommon in the chronic form. Uterine tonics and sedatives are given as the case indicates. In endometritis and subinvolution when the musculature or the mucous membrane of the uterus is at fault the tonics are valuable. When the uterus is hypersensitive, due to reflex causes or otherwise, the sedatives are given as demanded.

Overwork and exhaustion, prolonged exercises, long walks, standing, improper food, alcohol, stimulants, violent purgatives, and all excesses should be avoided during the course of treatment. Occupation plays an important part in the prophylaxis of some cases. Workers in lead, mercury, or badly ventilated workshops, should be advised to discontinue their work or change their occupation.

GENITO-URINARY DISEASES WITH RELATION TO RHEUMATISM.

A. W. Berrow, M.D., Hot Springs, Ark.

"Rheumatism with Relation to the Genito-Urinary Tract" would perhaps have been a better title to this short paper. I was asked to write a paper on genito-urinary diseases for this section, and thought this matter might be brought stronger or plainer to the mind of the profession, especially the treatment of such diseases of the genito-urinary tract as relates to rheumatism. My experience of over twelve years in Hot Springs, Ark., where we get the most chronic cases of gonorrhea and syphilis, impresses me with this relationship.

It seems to me the urine being abnormally acid irritates the genito-urinary tract, causing contraction or astringency and rendering muscles tense, contracted, void of elasticity, producing pain on motion, constipation and stiffness, the muscles become inactive and motion naturally decreases. So look for strictures in males suffering from rheumatism in the feet and knees, and treat the genito-urinary tract for the quickest and most permanent results.

Many also come here for treatment for rheumatism by the baths who have no venereal history and very often want to try the baths alone first, and it is these cases I particularly refer to, as we would not expect any strictural condition. You will find urethritis in some degree in most all the chronic cases, and cystitis in many of them; by treating the urethra and bladder by irrigation, and alkaline antiseptics internally and locally you will get quicker and more permanent results.

I have treated some of these cases without dilation and irrigation and rheumatic prescriptions and had results, but in a year they would return as bad as before and I would employ the other treatment outlined, and

very few of them ever returned for rheumatic treatment, and when they have returned for other treatment I had a chance to examine them and found them free from rheumatism, though they had the same exposures, occupation and climate.

Treatment.—Dilate the urethra with a sound just large enough not to be painful; use about two different sizes at a treatment every other day till the desired size is reached and all soreness has left the urethra. The first time the patient will complain often of the tenderness, say it did not hurt them till then; it is convincing to you if you find a tender urethra, you will get good results. In an old chronic stricture I find it best to cut the stricture; you get quicker and more permanent results.

Use any good wash for the bladder, such as permanganate or glycothymoline. If it is a specific infection use a 20 per cent. solution of argyrol, injected three times a day, then once as indicated, or 1 to 2 per cent. of protargol is much cheaper and very effectual.

Internally, specific medicine hydrangea, agrimonia, hydrastis, apis or cantharis is used. For the rheumatism use specific medicine macrotys, colchicum, belladonna, bryonia or fluid extract manaca.

To render the urine alkaline use urotropin, cystogen or uritone. Give plenty of soft water; massage the prostate gland if it needs it; a rectal injection once or twice a week aids in elimination.

A RAPID AND EFFICIENT METHOD OF REPAIRING THE FEMALE PERINEUM.

Ada Scott Morton, M.D., San Francisco, Cal.

On account of the frequent necessity of repairing the female perineum, and especially as this operation has often to be done in addition to prolonged work in the pelvis and the abdomen, I have sought a method that is efficient and at the same time rapid.

The objections to the method ordinarily used are numerous. The loss of healthy, useful tissue necessitated by denudation, the slow and senseless incision of scar tissue (which is certain to reform), and the inability to get perfect success to the principal anatomical parts are a few points that stand out most prominently.

In the method that I shall attempt to describe to-day there is absolutely no tissue removed. A slight incision, followed by a slight amount of dissection, gives access to the anatomical parts that have to be returned to their normal position. When this has been done all that remains to do is to close the skin.

As the prime object of the procedure is to reproduce accurately and perfectly the anatomical structure of the part, I shall take a few moments to demonstrate the main points of the anatomy of the region involved.

Anatomy.—The parts which are so frequently torn during delivery is that region lying between the vulva and the anus, known as the perianal body. Four muscles are found here, three of which are superficial and

one deep. They meet at what is called the central tendinous point and consist of the sphincter vagina anteriorly, the external ani posteriorly and the transversus perinei laterally. It is the deep, one, however, which is of the most importance here and which is known as the levator ani. It lies beneath the central tendinous point, is thick and strong, and forms the greater part of the body of the perineum. When this muscle is torn it retracts laterally towards the tuberosity of the ischium and weakens materially the whole pelvic wall.

As to the actual method of procedure, I find that the operation consists of three parts: First, the incision and exposure of the levator ani muscle; second, the suturing of the muscle back to its normal position, and third, the closure of the wound. These I shall describe in order.

The patient having been placed in the dorsal lithotomy position and the vagina and the perineum sterilized with iodine and alcohol, a self-retaining retractor is applied to the posterior part of the vulva. The incision is then made transversely at the junction of the vaginal mucous membrane with the skin of the perineum, thus making the incision crescent in shape. I always cut internally to the mouth of the ducts of the Bartholin glands. When making this incision I generally use an ordinary pair of curved, pointed scissors. Then grasping the inferior lip of the wound with heavy forceps, I now dissect back the vaginal membrane about one inch up the posterior wall of the vagina, leaving the raphæn center attached as low as I can. Then I separate the tissue about one and one-half inch laterally toward the ischio-rectal fossa. These tissues here are easily separated and this part of the work is generally done with the gloved finger covered with gauze. It is now possible to feel the levator ani muscle, and by grasping these they can be brought into view. By thus separating and exposing the retracted end of the torn muscle, I locate the belly of the levator with my finger and catch it up with a non-cutting edge, full-curved needle, preferably a Hagedorn, carrying chromic catgut. I pierce the muscle from before backward on the right side, as high up in the muscle tissue as I can, coming out in the subcutaneous tissue, thus getting a heavy part of the muscle in my suture. I then pierce the corresponding muscle in the same manner, this one coming out from beneath the skin, parallel with the other. A clamp being placed on each end of the suture, I repeat this step until I have applied about four interrupted sutures, which, when tied, will be a buried figure of eight. At this point, if you will use traction on the ends of the sutures, you will find that it completely approximates the whole pelvic floor.

Now with a skin needle, carrying silkworm gut, I pierce the lower portion of the labia minora on a level with my top deep suture. Running along the superior lip of the incision, I bring the needle out at the same height on the opposite labia, forming a purse-string suture. Then I begin tying my interrupted suture from below upward, finishing with the purse-string suture above, thus re-establishing the integrity of the perineum.

As a protection to my buried sutures, I apply about three tension sutures of silkworm gut, catching outside my chromic gut to prevent pressure necrosis in my stitches. This I do by placing my finger in the newly-formed vault and running the needle into the deep portion of the muscle, so that I can feel it in the submucous tissue, and bringing it out on the opposite side in my top stitch. I generally place about two more of these sutures below.

In a complete laceration of the perineal body, I use the same steps as in the above operation, except that I dissect further down around the anus and draw the sphincter ani together with a couple of chromic interrupted sutures. I always work through the same incision in these cases and do not open into the rectum, in order to avoid the colon bacillus from getting in my buried catgut, as you know that would complicate matters. I close the operation as above stated, and it gives me one of the most permanent floors that I have ever seen. In this operation I do not endeavor to dissect up the vaginal mucous membrane or lessen the lumen of the vagina, and I find the raphæ in the center of the posterior portion of the vagina as spoken of above, if left attached low down, will restrain the bowel and act as a ligament to prevent a recurring retrocele. Your newly-formed perineal body acts as a shelf, projecting forward anteriorly to this, thus supporting everything.

The time necessary to perform this operation is generally less than twenty minutes. The perineum is as strong as before the laceration occurred and all parts have been restored to its normal healthy condition.

DISCUSSION.

Dr. F. M. Andrus: I appreciate this paper greatly because it happens to be by a woman surgeon. Of course, I dare not fight this paper, but there are one or two points that I would like to mention. One is that I do not understand why she does not use the old continuous catgut suture. I do not suppose there is a physician in the house who has not heard of Pratt's old continuous suture for repairing the perineum and work in the mucous membrane. Another point in repairing the perineum is the dimples you find on each side of the vagina; the transverse perinei pulling on the mucous membrane makes a dimple, which shows the point at which you should make your incision in the angle. I do not know just how the doctor makes her dissection. I use the old curved scissors that Pratt has made for a long time.

Dr. Coates: I came in late and did not hear the entire paper, but it strikes me that the doctor has been doing some very good surgical work in this particular. One point I wanted to bring before the body in regard to the repairing of the perineum and also the cervix immediately following the injury. I know there has been a division in the profession for some years in regard to the advisability of immediate repair. My experience has been to repair these injuries, and sometimes I get results and sometimes practically no results. In the use of forceps it frequently happens that the cervix is badly torn, and I have recently had occasion to do some of this work in bad cases, and in one in particular that I examined recently after the healing process was complete, I found there

was nothing gained by the work. I would like to bring this before this body and see if others have had a similar experience.

Dr. Burnett (Ohio): I am greatly in favor of repairing the cervix, also the perineum immediately after the delivery. I do not believe in this thing of waiting too long. If you do wait you will find that many patient will never submit to the operation afterwards and they go through life in misery . Therefore, I think the best time to operate is immediately after delivery.

Dr. Morton (closing): I believe I did not make mself clear on a few points. Dr. Andrus' point as to the incision, I supposed everyone knew that that is always pointed out by the dimple. I make a circular incision and I do not cut away into the tissue but keep the mouth of the Bartholin glands on the outside. As to the suture, I used to put in a continuous suture, but I found that catgut is so uncertain, and in Europe they do not use it at all because occasionally you will get an infection. I use the interrupted catgut. The Mayos and many others use interrupted sutures, because occasionally a little place will slough, and if you have a continuous suture and one place sloughs you have no suture at all. If you use the interrupted suture and one place sloughs you have two more holding it. The silkworm suture will not slough. I repaired a perineum the other day that had been repaired four times, the whole body was gone, and each time it had been sewed with catgut and it would open the fifth or sixth day. I used silkworm gut and it seems to be holding very nicely. And then I bury the catgut under the skin. I used to occasionally let a little end of catgut stick out, and especially in goiter work, but I found it always sloughed. I have never seen it fail, and for that reason I am very careful not to allow my catgut to come in any way to the surface. I have asked several surgeons and they have had this same experience.

In dissecting up the tissue I always use Mayo's dissecting scissors, and I have seen very good results from a curved hemostat in opening the incision.

As to repairing the perineum at the time of injury, I did not know my paper was to cover that. I thought I was to take up those cases that had been left and had gone for possibly ten or fifteen years.

Dr. Webster: How long do you leave the catgut in?

Dr. Morton: About nine days.

SOME RESULTS FROM NOSE AND THROAT SURGERY.

S. A. Lutgen, M.D., Wayne, Nebraska.

When I received the letter from Dr. Heflebower asking for a paper on some subject connected with diseases of Eye, Ear, Nose and Throat, I felt like the darky who said, when called upon to testify in meeting, "I'se had de 'sperience all right if I had the 'bility for to tell dem'!" So, while I have had some that, to me, were very interesting cases along this line, I doubt my ability to relate them in such a manner as to prove of interest or benefit to others.

I find that one of the greatest problems to be met here is to persuade the parent who is seeking relief for their child's deafness, defective eyesight or mental apathy, that the nose and throat obstructions are often the remote, if not the immediate cause. People are willing to submit to

all sorts of tortures, as having their ears blistered, probed, cauterized, treated with electricity, the tympanum perforated, or even the bones removed from the inner ear, but suggest the removal of enlarged tonsils, adenoids or hypertrophied turbinates (to establish free access of air to the Eustachian tube or rid the system of diseased glands and they become skeptical at once. Not all feel so, of course, but a great many from the rural districts and the uneducated. I have some charts showing the location and relation of these organs which give them some idea of the subject, but find that all can readily grasp the homely little illustration of placing a drum against a building and so getting a dull thud. Place it out in the open and we get a clear, full, resounding note. Just so when the Eustachian tube is closed or the air passages blocked by adenoids, tonsils, etc.

Sociology teaches that locality is a large factor in the crime problem, and I am sure we all agree that it is largely responsible for the physical condition of man. This is especially true of diseases of eye, ear, nose and throat. While perhaps not to the extent of the western Kansas specialist, who was asked his treatment of deafness. Living in the dust-storm district, he answered that he merely attached an aural tip to the douche bag and washed out the accumulation of dust and wax. We find in Nebraska that in a majority of cases we must treat the catarrhal conditions in order to benefit the hearing. This is also true in many cases of stupidity, defective eyesight, etc.

I have been greatly impressed with the study of a typical family here, which is as noted for its stupidity as Dugdale's family, or "The Jukes" was noted for its crime. I had known of this family because of its repeated calls upon charity, but had never met any of its members until one day the kindergarten teacher asked me to examine a certain pupil for possible adenoid growths. The child in question, a little girl of six years, would stand with gaping mouth and either not hear or else fail to understand a word that was said. When shown what to do, she would start to follow the example given, but would soon stand stupidly by. At first it was thought the girl was merely timid, but as time passed and she grew no better the mother was consulted. It was learned that the child acted the same at home. Upon examination I found one nasal cavity entirely closed and the other very nearly so, while the tonsils were so enlarged that it was really a trick of magic to pass food between them. Upon operating, I removed two badly diseased tonsils, some adenoid tissue, and one adenoid as large as a black walnut. I have never seen one so large and should like to display the monster at this meeting, as I doubt if many have seen one as large from a six-year-old girl. This girl was the youngest of a family of four, any of which would have been excellent examples of idiocy. Upon looking further into the matter I found that the father, mother and remaining children were all mouth breathers, with enlarged

tonsils and foul discharge from the nose. Every year the entire family had a round of sore throat, quinsy and croup. The case of this child was watched closely, as the teachers of the county were studying Allen's "Civics and Health," and all were anxious to see the results of this operation. Before a month had passed the teacher noticed marked improvement, and at the close of the school year the child passed into the next grade as bright as any of her class. The brother, four years older, was operated upon about six months ago, with some improvement but not so marked as that of the younger child, due, no doubt, to his more advanced age, or he may be slower in overcoming his stupidity. Besides overcoming the mental apathy of the little girl, her physical condition greatly improved. Stooped shoulders straightened; hollow cheeks filled out; sleep became undisturbed; breathing natural, and by keeping her mouth closed, her appearance was more pleasing.

A young lady student of our State Normal here called at my office to consult me about her eyes. They were blurred and watery, and it was hard for her to read unless the book was held directly before her eyes. I found her with diseased tonsils, one turbinate closed, and many adenoid growths. Removing these obstructions and putting on glasses for a time to strengthen the eyes, she began improving at once and will soon be able to discard her glasses entirely.

My most marked experience has been along the line of deafness, however. One case, an instructor about thirty years of age, found herself growing so deaf that she was thinking of giving up her work. Upon examination I found enlarged tonsils, adenoids and much catarrhal discharge. Her ears had been treated in various ways, but no examination of the nose and throat. I suggested the removal of tonsils and adenoids, also the lymphoid tissue from the mouth of the Eustachian tube. She gave her ready consent. Just as the operation was finished she gave a scream, and, placing her hands over her ears, said it sounded like a gun had been discharged in her head. When I questioned her regarding the pain, she asked me not to speak so loudly as it hurt her. She soon overcame this sensitiveness, however, and has heard perfectly ever since. I have looked many times for like results, but while hearing has returned after some months' treatment, I have had only this one case of immediate results.

I should like to take time to mention one other case which I still have under treatment, but one which would have fully convinced me, had I needed such, of the relation between nose and throat diseases and deafness. This case is also of special interest to me because of the value of vaccines, and I am a strong believer in such. This case, a boy eleven years of age, had a very severe attack of scarlet fever four years ago, leaving him entirely deaf with a purulent discharge from one ear. Up to three months ago he had been treating with various specialists; one even re-

moved the bones from the middle ear. He did not improve, however, but instead, by taking a severe cold, the mastoid cells of the one side became infected and he had a very severe sore throat. When I was called I found him very emaciated, temperature 104° F., pulse 130, suffering from dyspnea. Upon examination I found the tonsils so large that it was impossible for liquids to pass into the throat. The ears stood out from the head, the mastoid as large as a cup. I penciled the tonsils with a nitrate of silver solution and washed out the ear, gave aconite and phytolacca, also streptococcus and staphylococcus combined vaccine. Soap suds enema followed by nutritive enema, baths, etc. By night the tonsils were somewhat reduced, or enough so to allow a few spoonfuls of medicine and nourishment, but the reaction from the vaccine brought the temperature to 105° F., pulse 130. By the next morning the ears were freely running, temperature 101° F., throat much better and breathing greatly relieved. At the close of the third day the temperature was normal, discharge from the ear excessive, but the swelling over the mastoid almost entirely gone. The tonsils were still very much enlarged but the mother said they were so since the attack of fever. I repeated the vaccine that day and again at the close of another three days. The inflammation had entirely disappeared with free discharge from the ear, and the child able to undergo an operation for the removal of enlarged tonsils and adenoid by the end of three weeks. Before the operation I tested the child's hearing but he was negative to every test, with a possible exception of a watch held between the teeth, when he thought he felt a slight sensation. After the operation I began the administration of the combined vaccine once a week, later once in ten days. The child is now the picture of health, eats and sleeps normally, the discharge slowly disappearing, with no sign of the mastoid infection. He can distinctly hear the watch when placed against the teeth, and a few days ago came running in from the yard, saying that he could hear his father chopping wood. Of course, we can not expect to restore hearing in the ear which has had the bones removed, but I am beginning to hope for some returns from the other ear. Even if such is impossible, I feel assured that by cleansing out the nose and throat cavities and employing the vaccines, we saved the boy's life, for he was not then strong enough to have undergone an operation for mastoiditis.

In closing, I will say I fully believe that if diseases of the nose and throat were looked for and removed we would solve a great percentage of the problems of idiocy, stupidity and deafness, as well as a large number of eye troubles. And when removing the cause of mental deficiency we overcome, as Ellwood in his "Sociology" tells us, at least 30 per cent. of the cause of crime. If more care were given to building up the physical body and overcoming the impediments of good health we would require less argument for and against such laws as the sterilization law.

INFLAMMATION OF THE EYES.—ITS TREATMENT BY PHYSICAL METHODS.

A. S. Tuchler, M.D., San Francisco, Cal.

This painful condition of the eyes, in its broad sense, can be easily treated without opiates, by the use of the various heat and light rays, such as the violet ray, the Roentgen ray, the high frequency current and other physical modalities best suited to the cases which may present themselves. It is to be presumed, of course, that the indicated remedy or external application is to be used in conjunction with these physical methods. The results of this method of treatment are so gratifying, that it is hardly possible, when once the physician becomes familiar with these various modes, the wonder would be, how one ever got along without it; for surely, the results will certainly be a revelation when once put into practice. It is hardly necessary to take up your valuable time, to expatiate upon the reasons why this is so, nor to analyze the therapy of the various rays, since this information can be obtained from the text books. The purpose of this paper is to give you results, and to illustrate the application of these methods in the following observations:

A child, ten years of age, suffered intense pain in her eyes. She had been exposed in unexpected stormy weather, which resulted in a severe myalgia of the whole body. This finally subsided under the proper treatment, but her eyes became an obstinate factor. She could not bear any light and every movement of her eyes were painful. The ultra-violet rays from a Minim incandescent lamp was now applied to the closed eyes at a distance of about twelve inches for one-half hour several times a day. After the first exposure to the rays, the child fell into a peaceful slumber. On the first sign of a recurrence of the pain, she would call for the blue light. In a few days, the eyes were again tolerant to the light of day.

In iritis the high-frequency current applied with the vacuum glass electrode will not only relieve the severe pain of the eyes, but will also cause the resultant inflammation of these organs to be dissipated in a very short time.

A gentleman of middle age, who thought that he had a slight cold in his eyes, attempted to save a doctor's bill by resorting to home remedies for about a week. This treatment having failed him and the trouble becoming rather painful, he applied for help. Found both eyes congested, red and very painful and in the left eye the iris was fixed, owing to this inflammatory condition. The double vacuum glass electrode was applied to both eyes and connected with the high-frequency machine. He was given two treatments daily of fifteen minutes each. Atropine solution (one grain to the ounce of distilled water), a few drops of which was dropped into each eye once daily, until the pupils were widely dilated. He also was given glasses so as to protect the

eyes from the light of day. Specific medicines aconite and bryonia, ten drops of each in four ounces of water, was given in teaspoonful doses once an hour. This method of treatment enabled him to attend to his business as usual, and after a few weeks he needed no further treatment, the left iris being now free from adhesion. The pain in this disease is of unusual severity in some cases, and it may require the application of ice packs for a few days. This usually obviates the necessity of opiates.

Another case of a worthy colleague, who was in the hospital for a few days suffering from iritis, and who was given the usual orthodox treatment, including opiates, applied for relief by the high-frequency method at the first opportunity. He was treated as in the previous case, and after the first application of the high-frequency current, he said that he needed no further opiates at night for the relief of pain.

In inflammation of the eyelids the high frequency current, applied by means of the vacuum glass electrode, will give surprising results. In trachoma this current applied to the inverted lids by the dessication method will destroy these granulations in a very short time.

From these deductions in the use of the high-frequency current, the following conclusions have been arrived at: First, as a pain reliever, it is par excellence; second, it will shorten the inflammatory stage and promote the absorption of the inflammatory products.

EPILEPSY FROM A SURGICAL VIEW.

I. A. Wheeler, M.D., Healdsburg, Cal.

It is not necessary for me to enter into the question of symptoms in this disease, if it can be termed a disease, for they are only too well known. From a surgical viewpoint it seems to me but a spasmodic effort of nature to bring our two nervous systems, i. e., the sympathetic and cerebro-spinal, into harmony. I have yet to see the first epileptic that there could not be found some pathological trouble that would have a bearing on both nervous systems.

The cause may be found in a deviated septum, or eye strain; adenoids and bad tonsils have played their part. Some stomach trouble may be the source of your difficulty; trouble with the intestinal tract, or bad appendix, trouble with the female organs, a hooded clitoris, a tight foreskin in the male, and the last that I will mention, but not the least by any means, is rectal troubles. Especially ulcers that are situated between the internal and external sphincters, papilla and abnormally large pockets in this region, are among the most prolific causes of epilepsy.

Here we find the internal sphincter controlled by the sympathetic nerves while the external muscle is controlled by the cerebro-spinal, so trouble here virtually short circuits the two nervous systems, so

the body for the time being does not know which system has the governing power and both are knocked out temporarily. Like the effect of the crossing of two telephone wires, it would be difficult to tell just who you were talking to.

Now, coming to the treatment of epilepsy. Discover all the physical defects possible and remove them no matter how immaterial they may seem, always remembering that it is the little foxes that spoil the vines. The minor details left unattended to cheat us of our victory.

I will now repeat the result of some cases: A boy of seven had epileptic seizures since his third year, having as high as twelve in twenty-four hours; called at 4:00 P.M., and found the child coming out of the ninth convulsion for that day. His face was pallid, and he looked more dead than alive. After looking him over generally, I examined the penis and found a long foreskin which was loose, not causing any constriction, but looking closer I noticed a slight adhesion to the gland on one side, perhaps one-half an inch in length; he being unconscious I thought it would do no harm to break up the adhesion which was quickly done, and the boy was off into another convulsion in a moment, I stopped it with chloroform and he has not had another convulsion, and eight years have passed since that time.

A boy of six years. Appearance: eyes dilated; excessive growth of hair over forehead and on body; body emaciated, had not cried, shed a tear, talked or laughed for over one year. The trouble was considered incurable and of a central origin in the brain. My assistants tried to discourage me from trying. No general ever took a fort without trying. The boy had had almost every thing done possible. Had been circumcised, and a good job too. First, he was put under complete surgical anesthesia, thorough dilatation of the rectum, with absolutely no response. The rectum looked well, only a few small pockets that ordinarily would be considered normal and a few hard, small papilla. Two hours later the nurse reported that he had been much worse since the treatment. I said good. In two days more a second anesthetic was administered, rectum dilated again, removed the small papillæ and slit the pocket open, twenty-four hours later the report was that the child was much improved. One week later this last process was repeated, taking out everything that had the appearance of roughness; and, as he had adenoids, they were removed. From this treatment the improvement was very rapid. The anesthetic and treatment was repeated six times, when he was sent home with the request that he be returned for examination in three months, at which time, to the surprise of everybody, we found a strong, healthy child. We put him onto the table and repeated the treatment once more, and at this time a pair of very bad tonsils were removed. From that time to this there has been no trace of his former troubles, now about three years.

Girl, thirteen: Physical condition fairly good; attacks average one every two weeks. Bad appendix; tender ovaries; tightly hooded clitoris and a little rectal trouble. Treatment: Removed the appendix, as both ovaries had large cysts and the graafian follicles were very large I removed a portion of both ovaries, unhooded the tight clitoris, dilated the tight rectal muscles and smoothed it up and sent her home in a little over two weeks and for many months have not known of her having another spell.

Girl, fourteen: Convulsion averages one every four weeks; well nourished and good physical appearance. Examination revealed irritated vulva; tightly hooded clitoris, which was swollen and inflamed; tight rectal muscles with much tenderness, would not admit even the the little finger without severe pain. Treatment: Gave an anesthetic; unhooded the clitoris; dilated rectum and smoothed it up. Patient left the hospital the fifth day and has not had a return of convulsions for past three years.

DISCUSSION.

Dr. Charlton: I have in mind a case of a gentleman who had had convulsions for some time. He was about thirty-five years of age. He came to my office for examination, and I found a small hernia. When I tried to reduce the hernia he immediately went into convulsions. When he recovered I made a truss that seemed to hold the hernia in place, and since that time there has been no convulsions, and that has been four years ago. He had had these convulsions since the time the hernia occurred, which was probably ten years ago.

Dr. Shewman: I think the doctor is to be congratulated on the recovery of his cases of epilepsy from the surgical end of it, although he may have had a series of cases in which the reflex conditions were such that there was immediate ability to recover. We find some of these cases recover for a certain period of time, but there has been a recurrence—our experience is that we have had recurrences rather than cures. We have in Cincinnati a man who has endeavored to become more or less national in his treatment of epilepsy surgically, and he considers that practically all cases of epilepsy have a splanchnoptosis, and consequently he has been doing various operative procedures such as plastic ligation and also endeavoring to take care of the various forms of ptosis that we have in the abdominal viscera. We also have on the other side of the water a man who has international fame, a man by the name of Lane, who is known far and wide by Lane's plate, and he is curing cases of epilepsy by the removal of the colon. He claims it is an unnecessary part of the intestinal canal, and consequently he removes a large part of the colon for the relief of epilepsy. We have had two or three of Dr. Reed's patients that he endeavored to cure by plastic ligation; one of them has since died. He had adhesions throughout the abdomen and it was necessary to open the abdomen to relieve the trouble there due to adhesions. This patient improved, after the relief from the adhesions.

Dr. Wheeler (closing): My experience has been that in almost any case of epilepsy if you perform a surgical operation you will have a cessation of the symptoms for some time. In regard to abdominal

work, we know that no operation will relieve the symptoms, but if there is real trouble exising, if you have a bad appendix, it seems to me the rational thing to do is to remove it. But, as I mentioned in my paper, it is the little things around the orifices frequently that will create irritation and keep up the trouble. It is a strife between the two nervous systems, and a surgical operation will strike one or the other. The cases reported were all over three years, one eight years. These are only a few of the number I have operated upon.

TERRA INCOG—NATURA—AKOZ.

Herbert T. Webster, M.D., Oakland, Cal.

Two years ago, more or less, I was asked to try a powdered earthy substance, unknown to me, in diabetes mellitus. I was informed that it was a powdered quartz, which possessed remarkable curative powers in various diseases, but that no name was yet given it, so I entitled it "Terra Incog." Some time afterward the company exploiting it became known as the "Natura Company," and the product was put out as "Natura." Still later the name of the substance was changed to "Akoz."

This is written merely for identification. Akoz is said to be obtained from a gold mine, which, however, is richer in therapeutic property than in gold. It contains a small percentage of gold and other mineral and earthy ingredients, and it is suggested that a trace of radium exists in it. It certainly possesses marked medicinal virtue, though how valuable still remains somewhat in question. The writer has submitted two or three articles for publication on the subject and has received quite a large number of letters of inquiry from readers, but no one else has ever published anything on it that he has seen, excepting, of course, the literature of the company offering it for sale.

The writer has seen remarkable effects following its use in diabetes. In a very bad case treated within the past year the absence of sugar in the urine was noted within a month after the remedy was begun, though there seemed to be a large quantity at time of beginning treatment. After two years of experience with it we are enabled to make a much more comprehensive report than in the beginning. Though not doing a very large practice among diabetics, numerous cases have been encountered and the majority of them have been kept under observation.

The remedy acts very promptly, and in subjects past middle life it soon dispels itching, bulimia and polyuria. These symptoms all disappear within from a fortnight to a month, and a test with Haines' or Fehling's solution will prove the absence of sugar within from six weeks to two months. However, its use is often attended by disappointment, in that the sugar reappears within a month or so after the remedy is discontinued. Some of the cases treated and supposedly cured have been lost track of, but relapses have occurred in all those which have been kept under notice. A second round of treatment will again cause a disappearance of the sugar,

but a second relapse is apt to follow on discontinuance of the medicine. Such, then, is the report I have now to make of it.

With such discouraging outlook, however, the remedy has afforded such prompt relief of the most disagreeable symptoms that I would resort to it again if confronted with a case of the kind, for I have never found anything else that equals it in promptness and efficacy. I can recommend it then as an incomparable palliative in diabetes mellitus, though I can not from my present experience indorse it as a curative. As a palliative, it is worth much, and even here we have few remedies which offer much, if any hope, according to my experience. Most remedies in this condition must be administered a long time before results are apparent, even if they produce any effect at all. In most cases this remedy will entirely banish the disagreeable symptoms, and while it is being employed will almost or quite keep the urine free from sugar. It certainly fails to reach the *fons et origo mali* and remove it, but it controls the disease remarkably, and permits the patient to enjoy life somewhat, while without some such aid he is a constant sufferer from thirst, hunger and pruritis.

A professional friend, who does a large practice, has recently informed me that he has made quite an extensive trial of akoz in diabetes and rheumatism—another disease it which it has been highly recommended—and has signally failed to get any favorable results from it. As this gentleman does a large surgical practice, I infer that it is not so reliable in cases attending or following surgical operations as in some others. I know, also, that some of his cases were young; that is, less than forty-five years of age. All the cases I have encountered have passed that age, and the majority of them have been older than fifty. The only dietary restriction employed with it has been abstinence from sugar, potatoes and rice.

Another remarkable action of this remedy is its prompt action in some early cases of albuminuria. I feel very confident that I will restore the patient in a short time if my attention is called to such case early. After the kidneys have begun to break down and tube casts are very plentiful, and edema of the face and ankles is persistent, it does not seem to exert much favorable influence. It does not seem to be much of a restorative where structure is undermined.

I would like very much to see reports on this substance from others who have given it a trial. I realize that my experience may have been unique and that others have been disappointed with it. Climatic influence may affect its action, and it may have disappointed those who have tried it in the East. I am certain that several of our physicians have investigated it, and their report would help mightily in establishing the status of the remedy. I can remark, in closing, that I am disappointed in the agent, but can still insist that it is worth while as a palliative in diabetes, if for nothing else.

DISCUSSION.

Dr. Charlton: I want to ask upon what particular structures this remedy is supposed to act, or through what channels?

Dr. Webster: I do not pretend to know anything, only my empirical use of it. I have made no more study of it than that. I am empirically using it for diabetes mellitus.

Florence Stir Smith: Do you put the patients on a strict diet, or do they eat what they choose?

Dr. Webster: I restrict three things—cane sugar, rice and potatoes.

Dr. Coates: I have had a little experience but it has not been satisfactory. In our town we have a minister who is a diabetic, and I used this remedy but without results. It did not remove the sugar, and at the last examination the specific gravity was about 1045.

Dr. Webster: I have heard such reports from a number of cases, and it seems strange to me that I get such results. I use a heaping tablespoonful in a quart of water, take two ounces at a time, four times a day. When the bottle is empty fill it again. One tablespoonful makes the bottleful twice. Then mix it fresh.

"MOTHER AND BABE."

M. B. Morey, M.D., Smiley, Tex.

If Nature had not been perverted by the sins of man, pediatrics would be no problem. But, from the very beginning of child's embryonic life, the mother wields a wonder power over the wellbeing of her child that must not be forgotten. If the beginning is from a pure healthy source, with love and not passion enveloping it, the rest should be easy, but no power either human or divine can take a dwarfed, depraved embryo and bring it to the perfection or image of God. When, Oh when! will mothers realize this? As we think on these things and go among our children with the desire to heal and and bring to perfection with our pediatrics, everything tells us we must almost perform miracles.

They say, "Nothing is impossible with man, if he hopes and strives to that end," and so we feel it is with this, and we are happy to feel and to know that there are grand men all along the line that are awakening to these facts, and are stemming the tide of opposition met everywhere and are fearlessly telling the truth about these things. Woman's federations, mother's clubs, and child's welfare clubs have done wonders to open the eyes of their sister woman, but yet we have only made a beginning. Then, too, the exanthematous diseases and the other diseases that play havoc with childhood and leave a trail of sequelæ that sap the vitality of our children should be eliminated, and when mothers demand this it will come. A mother who loves her baby truly will press it to her bosom and face the world for its welfare, and many good reforms must come through this love.

Education will do this and if woman suffrage only will bring these reforms, we say, let it come, although but a few of us have felt the

need of it, but when we see the trail of suffering that follows the armies of Europe we feel it is time to demand some things that will relieve or protect our sisters with the war babies, for mothers and babe both appeal to us.

Pedriatics should be taught with our domestic science, and the truth in regard to diseases and its source should be taught to all old enough to comprehend these facts. O, man, how can you face a mother and babe and know all the suffering that will follow these and their progeny for several generations, and talk about or excuse it all by the necessity of man, when you know there is no such thing. Why have our scientific men been silent on these things for generations back, or kept the suffering victims ignorant? It is not so now and thank God for the awakening or telling of the truth. If this discussion makes one stop and think who has taught these things as they should have been taught, it has not been written in vain, so let "Mother and Babe" plead for all the good reforms you can give us. In school and town, in peace and through war, and impart all the knowledge of pediatrics to anxious mothers you can, and "mother and babe" will always bless you.

SPECIFIC MEDICATION.

S. B. Munn, M.D., Bridgeport, Conn.

Is it sufficient in principle and development to meet the requirements of Eclectic therapeutics at the present time and in the immediate future?

1. I believe that specific medication as a principle is sufficient, but not sufficiently developed to meet the requirements of Eclectic therapeutics at the present time, but is possible in the not distant future.

2. Every type of disease is an effect of specific cause and should have its specific remedy.

3. To deny the principle of specifics is to contradict what is assumed by all medical authors, as they teach that the different poisons have their specific action, and we should be able to recognize the different poisons by the symptoms manifest, otherwise we should be unable to know what to do when called in haste to attend a case of poisoning.

4. If the poisons have their specific action, why does not the same principle apply in other substances?

Phytolacca is a specific in mammary inflammation; jalap is a cathartic; ipecac an emetic, etc., and when we come to a knowledge of the truth we shall, I believe, recognize all remedies as specific.

5. Every remedy that has been discovered has been by its specific action.

6. When we understand fully the application of remedies to conditions, the principle will be sufficiently developed to answer the needs of Eclectic therapeutics.

7. Any medication other than specific is medication at random, and is unworthy the name of science or art.

"SMALLPOX."

Fred L. Hosman, M.D., Indianapolis, Ind.

Smallpox is a febrile, eruptive and infectious disease, the product of a morbid poison, which, after a period of latency, causes the development of an eruption extending over the surface of the body—first, a pimple, followed by a vesicle, pustule and a scab. As a rule, one attack gives immunity the remainder of the patient's life.

Synonyms.—English, smallpox; French, petite verole; German, blaterne; Latin, variola.

History.—The origin of smallpox is very obscure and a great amount of labor has been expended to trace its beginning but with no decided success. The early Romans and Greeks did not appear to have been acquainted with this disease, as nothing has been found in their writings. One of the earliest notices of the disease is found in the writings of Procopious, who lived in the middle of the sixteenth century. The disease began about A. D. 544, at Pelusium in Egypt, from whence it spread to Constantinople. In the year A. D. 569, the retreat of the Abyssinian army from before Mecca was due to an epidemic of smallpox. A tradition from the East, from whence we receive our earliest accounts of smallpox, is that the disease had its origin from the camel. When smallpox first appeared in this country, in 1847, it was in the sheep.

Varieties.—Smallpox is divided into several varieties, viz.: (1) variola discrete; (2) variola semi-confluent; (3) variola confluent; (4) variola corymbosa; (5) variola malignant; (6) variola benign; (7) variola anomolæ.

It will be unnecessary to describe each of these varieties minutely as the name of each will be enough to tell its classification, with the exception to state that the malignant is the most dangerous and the corymbosa the most rare, and in nearly every case is fatal.

This disease is divided into four (4) stages: (1) Incubation, which lasts twelve (12) days from the date of incubation; (2) invasion, or primary eruptive fever, which lasts about forty-eight (48) hours; (3) maturation, lasting about nine (9) or ten (10) days; (4) dessication, or secondary fever. This is commonly known as the scaling period, the course of which depends upon the severity of the disease.

Symptoms.—About the first symptom presenting itself to one with this disease is an uneasy chilly sensation, followed with a headache and nausea, also a slight backache; these symptoms become more aggravated in a few hours, the headache and backache very severe, and all you do for relief does not seem to help your patient whatever. Sometimes one chill is fol-

lowed by others in close proximity and very profuse sweating. These symptoms are very much similar to those of la grippe, and in a majority of cases this is the diagnosis primarily given to this disease. These symptoms are followed in from twenty-four (24) to forty-eight (48) hours with some redness of the skin and a minute red pimply-looking eruption scattered over the body, usually first on the face and wrists. This eruption being no respector of location presents itself on every portion of the body from the top of the head to the soles of the feet. The face and eyelids are given very much to swelling, and in some cases causing blindness. The pulse is very rapid, and there is also an excessive ptyalism. The eruption is at first papular, then vesicular, then pustular, taking about eight (8) to ten (10) days to mature, when they commence to discharge their contents. One of the characteristics of this pustule is its umbilicated center and to the touch as a hard foreign substance under the skin.

There is also a very peculiar odor emanating from this disease, and once familiar with it you can never be mistaken as to your diagnosis. I will also state that after the eruption has fully manifested itself the patient feels so well they will be up and around from that time on.

Complications.—Pulmonary complications are very common and are very grave. Corneal abscess is another dangerous complication. We sometimes will also find glossitis and otitis media present.

Diagnosis.—This should not be hard for one to do if he remembers the characteristic symptoms and the eruption, especially in an epidemic, but in isolated cases due caution must be exercised, and, if not sure, call an expert.

Treatment.—There have been volume after volume written upon this disease and its treatment, even the use of red lights to prevent eye troubles was advocated, and after considerable usage was discarded. My experience in handling nearly seven hundred (700) cases, during the epidemic in this city the winter and spring of 1914, taught me that there was not very much to do along the line of internal medication outside of laxatives. Specific medication may be used, but it does not shorten the course of the disease. Plenty of fresh air and sunlight with good substantial food are the best medicines you can give, together with a bath in a tub containing carbolic acid, one-half teacupful to a tub of water. This will relieve the itching and dry up the eruption. Great care must be taken not to dry up the eruption too rapidly, for if you do you will see a nice crop of boils within a few weeks and you will wonder at the cause. Abscesses sometimes follow too rapid exfoliation.

We could go on and give you the history of a number of cases, but this will not be necessary and would take up too much of your time.

In conclusion, we will state that in our mind the way to treat smallpox is to prevent it by stamping it out by a thorough course of vaccination.

GONORRHEA.

HARVEY W. CROOK, M.D., LONG BEACH, CAL.

As volumes have been written about the disease and its sequelæ, it is not intended to cover the entire field of pathology suggested by the title. The disease has been known for centuries, although the etiological factor was not discovered until 1879 by Neisser.

The disease is considered by some authorities to be even a greater menace to the human race than syphilis. Be that as it may, no one will deny the fact that it does cause an immense amount of physical and mental distress. When its action on the female generative tract is taken into consideration it would seem as Montgomery says, "When once implanted on the mucosa of the female generative tract, it rarely, if ever, is eradicated."

Common sites for the infection to start are at the urethral orifice and on the cervix uteri. In the first instance we have an acute urethritis to deal with and by extension it easily reaches the bladder, in which case the pain and suffering, as well as the difficulty of effecting a cure, is greatly increased; or it may start as an inflammation of the vagina and Bartholin's glands are early affected with varying effects, depending on whether the infection is very virulent or mild. If mild it may become dormant and still be capable of reinfecting the patient, or others, thus accounting for some obscure cases in the male. When virulent and especially if mixed with staphylococci it may occlude the ducts and result in abscess formation.

When the cervix is the point of infection it may easily, by mere continuity of tissue, reach the peritoneal cavity; since, after it gets above the lower third of the cervical canal, the mucosa is all simple columnar ciliated epithelium to the fimbriated ends of the tubes. A chronic gonorrheal endocervicitis is claimed to be the greatest factor in causing ophthalmia neonatorum, although infection of any other part of the birth canal might be responsible. Many cases of abortion and placenta previa are undoubtedly due to the destructive action of the gonococcus on the endometrium, and after it reaches the uterus with its rich supply of blood and lymph, it may and often is carried to all parts of the body with resulting endocarditis, arthritis, etc.

If the Fallopian tubes become infected it would seem as if the chances to aid nature in the fight is very greatly increased by the anatomy of the parts affected. The tubes have an internal diameter of about 2 mm. at the abdominal opening, and still less at the isthmus, being about 1/100 inch, or about the size of a small bristle. Being smaller at either end than in the middle and also somewhat tortuous they are easily occluded with exudate and pus, rendering the patient sterile as well as causing them to become chronic invalids, unless surgical measures are undertaken to relieve the condition.

It is impossible in a paper of this kind to more than glance at some of the many conditions for which the gonococcus is responsible. Since ignorance and prudery have failed to stamp out the condition, it is necessary to try and see what education will do in that direction. As students and physicians we have to come in contact with many of the unfortunate ones and we can at least help them to a better understanding of the dangers with which they must contend, as well as aid nature in her fight by the use of all the knowledge at our command.

INDIGESTION OF PREGNANCY.

N. M. Dewees, M.D., Cambridge, Ohio.

Functional derangements of the digestive organs are frequently met with in pregnancy. Reflex generally to pass away when the cause is removed, yet many times so distressing as to call for relief, which if not forthcoming may result in abortion, miscarriage, or, if the product of conception be carried to term, to greatly reduce the vitality of both mother and child.

Eclectics are not medical nihilists; they have faith in medicine to relieve suffering, and no kind of discomfort calls for relief more urgently than the one under consideration, although many times neglected and allowed to run its course.

Medical literature is not over abundant on this subject. But if we study closely our "Materia Medica" we may be able to read between lines, and if from experience the reading becomes plain it is our duty to write, that others may profit thereby.

To commence at the beginning, owing to the draft upon the system for osseous material, the teeth sometimes suffer severely, and many are sacrificed which a little care and study would save. The care of the teeth during pregnancy is very important; and the mouth should be frequently inspected to acquaint oneself with the condition of the blood, nervous system and digestive organs. If the teeth are sensitive the mouth should be washed frequently with lime water. If the stomach is acid one or two tablespoonfuls of limewater in milk or water should be given three or four times a day. Acid fruits, pickles, vinegar, etc., should be excluded from the bill of fare. Whole wheat flour is one of the most useful items of diet in this condition; as the bran is rich in phosphate of lime.

Ptyalism.—This in my judgment is simply a metastasis, a transference of functional activity from the mammæ to the salivary glands. This condition is not common, but I have known cases where sleep was greatly interfered with by it. Treatment: Specific Medicine Phytolacca, gtts. thirty; Specific Medicine Belladonna, drops ten to drops fifteen; water, four ounces. A teaspoonful every hour.

Hyperacidity of the stomach is a condition in which almost any kind of food seems to sour. The patient complains of pain and heat in the epigastrium; there is frequent eructations of hot water and acid which causes a burning sensation in the throat, and affects the teeth unpleasantly. Sometimes there is soreness so that the least pressure in the region of the stomach cannot be tolerated.

Treatment: If the teeth are affected, give lime water as mentioned above; also bismuth subnitrate ounce one, mint water q.s. ounces four. Shake well, give teaspoonful every three or four hours.

Bloating of the Stomach and Bowels.—This condition is opposite to the one mentioned above. Sometimes a patient will complain of acidity and bloating at the same time. In treating these cases we must first overcome the acidity; then if the bloating still continues, give Specific Medicine Xanthoxylum, drams three; Specific Medicine Zingiber, drams four; simple syrup q.s., ounces four. Teaspoonful every three or four hours. If at any time while giving this medicine the stomach begins to burn and sour suspend it at once and give the bismuth prescription.

Vomiting.—This is commonly known as morning sickness, in which a quantity of bile is vomited, which results in constipation immediately after. Treatment: Elixir Podophyllum at bed time is usually all that is required for this trouble. Give one, two, or three teaspoonfuls as may be required to move the bowels. When vomiting occurs at any time during the day give Specific Medicine Berberis Aquifolium, drams one; Specific Medicine Black Haw, drams two, water q.s., four ounces. Teaspoonful every three or four hours.

Constipation.—For simple constipation I know of no remedy which gives as prompt relief and at the same time can do no harm as washed sulphur. Give a teaspoonful, stirred in milk or syrup, once, twice or three times a day after meals.

ACUTE NASOPHARYNGITIS.

L. C. Wottring, M.D., Cincinnati, Ohio.

Synonyms.—Acute retropharyngitis, retronasal catarrh.

Predisposing causes are climatic changes, especially of fall and winter, hyersensitiveness to change, neurasthenia, scrofular diathesis, etc.

Exciting Causes.—This trouble may be a complication of rhinitis or pharyngitis extending through a continuity of tissue. Inhalations of dust or other irritating material. It may be an exacerbation of chronic catarrh or may follow the infectious diseases.

Pathology.—About the same as in any acute catarrh of a mucous surface.

Symptoms.—Vary according to the severity of the case. Slight rise of temperature with disturbances of stomach and bowels and diminution in the amount of urine passed. On examination of the postnasal space we find a dry and infected membrane of a red or dark red appearance. The

patient will complain of a disagreeable sense of constriction of the throat on attempting to swallow. We sometimes have slight hemorrhage from the engorged condition of vessels. There is often some neuralgic pains referred to the hard palate, upper teeth or vault of pharynx. Secretion is opaque, thick and very tenacious and adheres closely to the mucous membrane, and if swallowed in any quantity will cause gastric disturbance.

There may be ulceration in aggravated cases, usually accompanied by an annoying cough and some hoarseness. The acute attack ends in resolution in from ten days to two weeks, frequently leaving a subacute or chronic condition, which, if not properly treated, may last indefinitely.

Prognosis.—Is good as to cure of acute attack, though one attack predisposes to another.

Treatment.—We use some good alkaline wash locally to keep parts clean and give internally such drugs as phytolacca, jaborandi, aconite, bryonia, rhus tox. (giving the rhus in the small dose) and potassium bichromate 2 x. As a prophylactic measure plenty of ventilation in sleeping rooms with a cold bath to the throat and chest, followed by brisk friction on arising, is very good.

SOME OF MY OBSTETRICAL EXPERIENCES IN THE COUNTRY.

W. W. Wimer, M.D., Honey Grove, Texas.

I will first give the equipment of my obstetrical bag. One pair of Hodges' obstetrical forceps, one pair umbilical scissors, one pair baby scales, roll umbilical tape, chloroform and one Esmarch inhaler, quinine, pituitrin, Lloyd's veratrum, Lloyd's hypodermic lobelia and gelsemium, Lloyd's ergot and macrotys, boric acid, liquid soap, a hypodermic case and tablets, including H. M. C., and last, but not least, a good stock of patience.

In a country practice we have many things to contend with that our city brethren do not have. We have no sanatoria, no trained nurses, and an educated public, and no trained assistants handy if we should need them, consequently we have to have a good stock of patience and plenty of self-reliance.

We can not give every patient chloroform and apply the forceps to quickly deliver the case, because some people are afraid of chloroform and forceps, and argument is of no avail. When we do get a complicated case and need some assistance, frequently, it is so inconvenient that time will not permit us to wait, so we have to put on a bold front and do the best we can by our own efforts.

While I carry my forceps I do not use them more than once in fifty cases, because my patrons do not want them used, and, as they are paying for the job, I give them their choice. Chloroform I use possibly once in every ten cases and I leave it to them as to whether I shall use it or not. I frequently use the H. M. C., also pituitrin, and occasionally, I use a hypodermic of lobelia or gelsemium, as the case may require. I am no "Carrie Nation" reformer when it comes to methods in obstetrics, and I am not

going to argue chloroform and forceps to them, when they feel that there is another method that will accomplish as good results by using a little more time. I have had excellent results with the forceps, but believe, from my own experience, that many obstetricians use them too frequently. I do not believe they have any place in a normal labor. It is not a pathological condition, why use surgical interference. I have never seen anything that the Almighty arranged or planned that man could improve upon. Many champions of the forceps argue that it shortens the suffering of the woman. This point I admit and it also shortens the stay of the physician.

I have had about one dozen cases of eclampsia in my own work and have been called to consult in about eight cases. Some were in primipara, and some in multipara. In some the convulsions began two weeks before labor, others during labor, and one, three hours after delivery. In the consulting cases we lost two of the mothers and in my own cases we lost two babies. Three of the cases were breech presentations. In my own work I have had thirty breech presentations and lost two babies and no mothers. I have had one breech with the cord down, one vertex with both hands down. One vertex with the cord wrapped three times around the child's neck and once around its body. One shoulder presentation; one vertex with the cord six feet and nine inches long; six cases of twins; three cases placenta previa and three very severe post-partum hemorrhages. I have never had in my own experience a case of puerperal sepsis. I have treated five cases of sepsis when others waited on the labor and lost three of the five.

The lightest baby weighed four and one-half pounds, and heaviest, seventeen pounds. One case of twins that each weighed eleven pounds.

I have had about thirty-seven cases of premature delivery, with one death following from sepsis in a consultation case. I have been fortunate in not having any cases of septic fever in my own work, either in premature or full term delivery. If I have been successful I attribute it to the instruction I received under Dr. John R. Spencer, of the Eclectic Medical College of Cincinnati, Ohio, and Dr. D. Maclean, of the California Eclectic Medical College of San Francisco, Cal.

Proper Food for Young Children.—Farmers' Bulletin No. 717, by the United States Department of Agriculture, prepared by Caroline L. Hunt under the direction of Dr. C. F. Longworthy, is a non-technical discussion containing recipes and direction for mothers. Clean whole milk, at least a quart a day is the basis of the diet for a child three to six years old, plus bread and other cereals, butter and other fats, vegetables and fruits and "simple sweets." This can be obtained by physicians, and is of special value in directing the care of children at a distance from milk stations and from other special sources of supplies.

The National Eclectic Medical Association
QUARTERLY

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THIS MEANS YOU!

The time has come when all Eclectic physicians must realize that the longevity of Eclecticism and Eclectic institutions depend entirely upon the activity displayed by them in the State and National Eclectic medical societies.

The time has arrived when we must proclaim to the world that the Eclectic school of medicine is the only school which has condemned and rejected from the very beginning the ever-changing serum therapy and "ethical" (?) nostrum fad, as well as the coal-tar fetich, and that instead we possess a rational system of therapeutics, an American system of medicine, rich in a materia medica which answers to all needs of the human economy.

The time has arrived for you, doctor, if you desire to prevent the disintegration of our system of medicine, to attend every meeting of your State society and every meeting of the National Eclectic Medical Association and take part in the deliberations of the National, which stands for Eclecticism, and of which you are a very vital part.

The time has come when you *must* take up a part of the work now carried on by a few of our men, and to this effect, dear doctor, we make our appeal to you.

Come to the next National meeting, which takes place at Cedar Point, Ohio; do what is right by the Eclectic cause and the cause will fully repay you. You will flourish or die with the progress or failure of Eclecticism.

As progress is won through the survival of the fit and the elimination of the unfit, so will Eclecticism prosper and survive because it deserves to survive, and it will live and prosper for the benefit of humanity, notwithstanding the schemes and machination of its enemies. Eclecticism is being put to a severe and supreme test just now, so let us—all of us—buckle down to its real and active support.

It is up to you, doctor. Will you come to the National meeting, which this year takes place at Cedar Point, Ohio, the queen of American watering places? An interesting program has been arranged for you, and the Eclectic cause calls and expects you. Will you come?

THEODORE DAVIS ADLERMAN.

THERAPEUTICS

We have been reading "Practical Pharmacology" in the Journal of the American Medical Association with much interest and we trust profit. One thing above all else that has impressed me is the abrupt and curt manner in which all vegetable remedies are dismissed. The language is usually thus, "There is no very clear indication for the therapeutic employment of hydrastis and its alkaloids" or "it is probable that viburnum prunifolium continues to maintain a certain degree of popularity because of extravagant claims made in advertisements in reputable medical journals by the manufacturers of various proprietary preparations," etc.

A recent number of the journal remarked that the future or ultimate value of a remedy would depend upon the clinician. It would seem that the accumulated experience of physicians would count for something. Is it possible that Bartholow, Hare, Hale, Wood, and many others I might mention, were mistaken in the therapeutical results obtained in the administration of a remedy? Were not these men and teachers good observers and intelligent? Hydrastis has not been a favorite remedy with me, but viburnum has, and it is certainly more than a coincidence when I prescribe it alone in menorrhagia or too frequent menstruation and get results. This has been repeated over and over again for a period of more than thirty years. Is it all imagination? Possibly so, according to the Council of Pharmacy, but we would naturally think the spell would soon be dispelled. My experience is only that of many others. The fact that these remedies have no poisonous action on rabbits and guinea pigs does not prove they have no remedial action.

Proprietary remedies do not enter into the question with Eclectics and Homeopaths. They are taught the use of the single indicated remedy and these schools are not responsible for the great number of proprietaries and patented remedies upon the market. M.

PRACTICAL MEDICINE

The *Lancet-Clinic* quotes from Dr. Richard C. Cabot, as reported in the *American Magazine* for April, and comments upon the same. We do not know who is the writer of the editorial in question, but it occurs to me the author is rather severe in his strictures upon the country physician, and we believe his strictures are neither warranted nor just. Moreover, he displays an unwarranted ignorance of the true conditions existing in rural

communities. We have frequently noticed the tendency of this journal to belittle the knowledge and ability of the country physician.

The writer says that "when one is ill the way to get well is to go to a hospital, both for the sake of a correct diagnosis and for the application of correct therapeutic measures." Is this true? I believe it would be exceedingly hard to convince any physician of the truthfulness of this statement, and especially one who has had experience in a hospital. How can the writer reconcile this statement with that made by Prof. Woolley, of Cincinnati, or with that of Cabot himself, when discussing a few years ago the percentages of correct diagnosis as finally revealed by post-mortem findings? If the writer reads Volume 1, "Differential Diagnosis," by Cabot, he will find several cases discussed in which the true condition was only revealed by the scalpel.

The country doctor takes the same preparatory course, the same medical course, the same examination as our urban brother; then whence does he acquire his wonderful superiority in knowledge and attainments over the suburban doctor? We fancy much of it is "ego." There are but few of us but who can easily recall errors in diagnosis made by our clinic teachers, revealed not only in the dead room but in the operating room as well. Hospitals are not unknown in rural communities. Many county seats as well as prosperous towns maintain hospitals. It is surprising how many are maintained in rural communities, mantained by the country physician, and often to his pecuniary and professional detriment. They are not "regarded as peculiarly city institutions" by any means, and, unfortunately, they often bear bad reputations for care and attention bestowed upon the patients. The reputation of our hospitals for thoroughness, skill and efficiency are not above question.

As far as therapeutical success is concerned, it is a well-known fact they are absolutely nil. Nearly every hospital is practically surgical in its tendencies and the therapeutical side is little better than therapeutic nihilism, an absolute therapeutic desert. How could it be otherwise, when one reads of the attention paid to the study of therapeutics and materia medica in our Class A colleges? Of the consequent resort of the physician to the detail man and proprietaries after his graduation? Of his absolute helplessness and flounderings in the slough of therapeutic despondency? Who is responsible for this condition? Our medical "highbrows." Our ultra-scientific, would-be medical censors and teachers. There is something more needed for a successful practice of medicine than "why." The "how" is as necessary, and, in the mind of the patient, more important. Our personal experience convinces us the patient is more interested in the fact of whether he will recover than in the cause and pathological changes. A trite editorial along these lines will be found in *American Medicine* for March, 1916. I commend its perusal to our theoretical, scientific teachers, to those who fancy that all knowledge is locked up in the gray matter of the brains of those fortunate enough to be on the staff of a metropolitan hos-

pital. We fancy their brother practitioners who do not possess the necessary "pull" to get on the staff, do not believe they possess such an undue amount of medical or surgical skill. M.

THE NATIONAL BOARD OF MEDICAL EXAMINERS

This is a self-constituted board of examiners, who aim to examine applicants and provide a certificate that will be accepted by all States. It aims to do what is now accomplished by the several boards by eans of reciprocity. It is not only self-constituted, but self-perpetuated also.

The examination of applicants for medical licensure has been claimed to be one of the police powers of the sovereign States and not of the general government, hence recognition of certificates from this self-appointed board would be clearly illegal and usurps the powers of the several boards. It is desired by this board that the medical laws of the several States be so amended that their certificates can be recognized. Yet, one of the advocates of this board declared "to H—l with the laws, we could recognize them if we would." This is but an illustration of many other things accomplished by money and influence. It is might that makes right, not equity and justice, and that is spelled M-O-N-E-Y. It is also desired that the certificates shall be recognized and accepted by the Medical Corps of the Army and Navy and Public Health Service. Whilst the examination may be as rigid and exacting as that imposed by these several branches of the government, it is certainly arrogance for a self-constituted and self-appointed group of men to take upon themselves the prerogatives belonging to the general government. If it can be done in this line of work, why not in others? It is positively unwarranted, presumptuous and imprudent. It is doubtful whether any branch of the government has the power to delegate to a self-appointed, unauthorized body of men any of its duties.

Page 1,122 of the Journal of the American Medical Association advises recent graduates and those about to graduate to consider the advisability of taking the examination proposed by this board. It also says it is quite certain the medical departments of the United States Army, Navy and Public Health Service will give recognition to the qualifications and certificates of this board. It is questionable and remains to be seen whether a board of this character can arrogate to themselves the duties of any branch of the government service, or that that service can delegate to them a duty imposed upon them by legislative enactment. It is certainly a dangerous innovation. It is financed by the Carnegie Foundation, a dangerous menace to all independent colleges of any character, and, I feel, a danger to American homes, certainly to all that pertains to Christian homes, character and high ideals. They have but one idea and that is *money*. M.

CLASSIFICATION OF MEDICAL COLLEGES.

The medical council of the American Medical Association have ten points by which colleges are graded for classification. One of them is the

success of the graduates in examination before medical boards. These points, whilst fair, are not always interpreted fairly. In other words, they make their own standards and interpret them to suit themselves so as to accomplish their ends.

The issue of April 8 is called the educational number and classifies colleges from several viewpoints. The journal calls attention to the fact that "the number of States in which a school's graduates have been examined is important. The larger this number the more accurate will be the conclusions." So we have taken the liberty to quote from "Table C."

Graduates of 1915 for Ohio colleges only.

	Graduates	Passed	Failed	Per cent.	States
Eclectic Medical College	23	23	0	0	4
Ohio State	47	47	0	0	2
Ohio State Homeopaths	20	19	1	5	1
University of Cincinnati	19	0	0	0	1
Western Reserve	33	33	0	0	2

Turning again to Table B, graduates from 1911 to 1915, appearing before State boards, we find our college credited with one failure before six boards, whilst two of the others are credited with but four States, one, two and one, one. Again turning to Table A, physicians appearing before State boards during 1915, I find our men appeared before eight boards, two schools with five boards each, one with two and one with one.

So it appears our graduates are not local, but come from and appear before more States than any other school in Ohio, surely a good and fair criterion of the preparation for their life's work given by Cincinnati. There are 102 colleges reported. Our school stands thirty-third as to the number of States before which its graduates appear. M.

NOT FOES BUT FRIENDS.

The North American Journal of Homeopathy in an editorial takes exception to a paragraph in Dr. Collin's article in the March, 1916, QUARTERLY. We take this opportunity to disclaim any responsibilty for the views of our contributors, but assume all responsibility for our own editorials.

The paragraph taken by itself does not read well, but when read in conjunction with the preceding one and a part of the following one it enunciates only good will for our medical co-workers. The editor of the North American Journal of Homeopathy should remember the old adage that "He who lives in glass houses should not throw stones." He evidently has forgotten his editorial in 1913 offering an absolute gratuitous insult to all Eclectics. His attitude puts me in mind of the parable of the Pharisee and

the Publican, a sort of "a holier than thou" position. Dr. Collin's article, when read in its entirety, casts no reflection, whatever, upon Homeopathy.

M.

A WARNING!

Some years ago there came into existence the self-appointed or the "one man" organization known as the American Medical Association. It presumed to set the standard whereby all other medical organizations should be judged, and it was so "broad and liberal" that any M.D. from any school of medicine could unite without losing his identity, providing he would agree to "not practice any special system or sectarian medicine."

This was a very tempting bait, and many Eclectics, as well as Homeopaths, not only swallowed said bait, but took line and all. Not long after the organization of this American Medical Association there came also into existence (self-appointed) the "Carnegie Foundation for the Advancement of Medical Teaching." As the result of these two organizations many of the so-called small schools were legislated out of existence, and many of the State boards refused to admit to their examinations students who were not graduates from colleges "recognized" by the two above named organizations.

Now comes the third organized effort to complete the work of destruction of the two weaker schools, and how well they will succeed will depend on the State examining boards.

Where there is but one board and that board has a good working majority, then it is reasonable to suppose that that board will vote to recognize the National Board and elimination of the Eclectics and Homeopaths from that State will be complete.

Why should the National Board be recognized?

It is a self-constituted board and has no recognition from the federal government. In fact, the federal government does not know that it exists, only that the regulars from the army and navy, are to be represented by two members from each of these branches of our medical corps.

Should this board come into power there would be but about thirty or thirty-five colleges recognized, and these from the regular school. All other medical colleges and their students would not be recognized; therefore, would not be admitted to examination.

It would not matter what would be the qualifications of the student, or how well prepared he might be if he were not a graduate from one of these so-called recognized colleges he could not be admitted to an examination.

If this so-called National Board wishes to "play fair" let them get the federal government to organize a department of education and then let the government select say ten or fifteen members from the State societies from the different schools, said members to have a fair representation from not only the regulars, but the Eclectics and the Homeopaths, as well.

I am sure that we would gladly welcome a national board, providing that board could receive the recognition of the federal government, and that all schools had a fair representation.

But to recognize a self-appointed board that represents only one branch or school, is too much for me, as a free American citizen, and as long as I remain a member of our State examining board, so long will I protest against the so-called "National Board."

But when there can be fair play and a fair representation of the two lesser schools, which have done so much to place medicine on the high pedestal it now enjoys, then and only then will I consent to a recognition of a national board.

W. E. DANIELS, M.D.,
Member of South Dakota State Board of Health and Medical Examiners.

NOTES AND NEWS.

Arkansas.

Dr. R. O. Norris has removed from Auvergne to Moscow.

California.

Dr. Frederick J. Cook has reopened an office in the Exchange Building, Los Angeles.

Dr. John Buckingham has located at Big Pine.

Dr. J. C. Reinsmidt is located at 119 N. Hobart Boulevard, Los Angeles.

Dr. Lawrence P. Keegan has removed from Santa Barbara to Esparto.

Dr. Edward C. Galsgie has remved from Burke to Reno, Nevada.

Dr. Laura E. Rauch as opened an office in Sawtelle.

The Los Angeles County Eclectic Medical Society has been disbanded and the "Los Angeles Eclectic Medical Society" organized in its place. We wish the new organization success.

O. K. Allen has removed from 490 N. Marengo to 467 Lincoln Street, Pasadena.

A. O. Conrad has removed from 517 S. Broadway, Los Angeles, to 350 N. Glendale Avenue, Tropico.

Dr. Louis H. Freedman has been appointed chief deputy health commissioner of the International White Cross Society, with office in Los Angeles.

Dr. E. P. Bailey has removed from Los Angeles to Long Beach.

Dr. J. Fraser Barbrick has removed to 127 Shawmut Ave., Boston, Mass.

Dr. Harry G. Pyle has removed from Long Beach to Peoria, Ill.

The regular monthly meeting of the Los Angeles Eclectic Medical Society was held at the office of the secretary, Dr. H. Ford Scudder, March 7. Several applications for membership were presented and referred to the board of censors. The essayist for the evening was Dr. H. V. Brown.

Dr. Francis M. Ihrig has removed from Goshen, Ind., to 1339 West Ninth Street, Los Angeles.

Connecticut.

Dr. Leroy A. Smith has removed from Daytona, Fla., to Higganum.

At the sixty-first annual meeting of the Connecticut Eclectic Medical Association at the Allyn house, it was voted to instruct the legislative committee to oppose all recognition of a so-called national federal examining board for license in this State. It was also voted to oppose a bill presented in the legislature two years ago and defeated, to prevent physicians from dispensing. It is alleged by the association that the drug interests "want the whole business." Officers for the ensuing year were elected as follows: President, Dr. James E. Hair, Bridgeport; secretary, Dr. R. L. White, Mansfield Center.

Florida.

Dr. E. D. Saxton, of Tampa, has been elected councilman for his ward by a large majority.

Dr. Leroy A. Smith has removed from Daytona to Higganum, Conn.

Seventy-five physicians met at Jacksonville, May 2, and reorganized the Florida Eclectic Medical Association by electing Geo. L. Dickerson, president, and Frank E. Galvas, secretary.

Georgia.

The Georgia Eclectic Medical Association held its forty-second annual meeting, April 16. The meeting was well attended. Addresses were made by A. O. Blalock, internal revenue collector, on the "Workings of the Harrison Anti-Narcotic Law," and Dr. H. F. Harris, of the Georgia State Board of Health, on "Pellagra." A banquet was held the first night. Officers elected are as follows: President, A. M. Moore, M.D., Waleska; first vice-president, L. P. Webb, M.D., Hogansville, R. F. D. No. 1; second vice-president, J. W. Delay, M.D., Rome; secretary, E. L. Daniels, Atlanta; treasurer, D. H. Griffith, M.D., Atlanta.

Illinois.

Dr. Adam Szwajkart has resigned as a member of the State Board of Health.

Dr. Anna F. Novak has removed from 1420 West Eighteenth Street, to 2402 South Millard Avenue, Chicago.

Dr. Finley Ellingwood is suffering from a serious condition with his eyes; the sight of one is probably lost.

To bring home with force the cost of preventable disease, Health Commissioner John Dill Robertson, of Chicago, has had statistics prepared showing the loss from measles in Chicago last year. The data are the work of Dr. H. G. Ohls. He estimates the total loss at $1,675,423. That is an average of $47,868 for each of the thirty-five wards in the city. Measles cost 236 lives in Chicago, last year, according to the health department records. That is an average of seven to each ward. The number of cases totaled 18,964. To arrive at his estimate Dr. Ohls has grouped the wards into five classes as follows: Poor, poor to middle class, middle to upper

and upper. For a case where the patient recovers in a poor class ward, the expense is placed at $6.00. For an upper class ward the expense is estimated at $90.00. For the poor child $1.00 worth of medicine is figured, but for the rich child $8.00 is set aside. The poor boy or girl gets along without a nurse, but a nurse for two weeks at a total cost of $70.00 is estimated for the rich boy or girl. Between the two the cost varies according to the class. The value of a life, whether of a rich or a poor child, is the same, in the opinion of the statistician. He uses a life value of $5,000. The other loss for the poor child is $54.00 and for the rich child $475. The difference arises in the cost of extra medical and nursing care and the cost of the funerals. The cost of a casket and a hearse for the poor child is placed at $35.00, and for the other child at $175.00. An $8.00 grave is provided for the poor unfortunate and a $126.00 grave for the other. No tombstone at all is given the poor child, while for this purpose $125.00 is spent on the other.—*A. M. A. Journal.*

The Illinois State Eclectic Society met in Chicago, May 3 and 4, and report a good meeting. The newly elected officers are: E. G. Trowbridge, Chicago, president; Enos S. Spindel, Springfield, secretary; O. J. Brown, DeKalb, treasurer.

Indiana.

Dr. Francis M. Ihrig has removed from Goshen to 1339 West Ninth Street, Los Angeles, Cal.

The State Board of Medical Registration and Examination at its meeting, January 11, elected the following officers: President, Dr. James M. Dinnen, Fort Wayne; vice-presidents, Drs. William A. Spurgeon, Muncie, and William T. Gott, Crawfordsville; secretary-treasurer, Dr. Moses S. Canfield, Frankfort.

Indiana has been added to the list of States with which North Dakota has reciprocity in the licensing of physicians. Such relations have been established by the North Dakota State Board of Medical Examiners with Arkansas, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, South Dakota, Texas, Vermont, West Virginia and Wisconsin.

Kansas.

Dr. J. D. Musick has removed from Calhoun to Rosalia, Kansas.

Dr. John T. Axtell, Newton, has been appointed a member of the State board of health, succeeding Dr. James S. Cummnigs, Bronson. Dr. Oscar C. Baird, Chanute, succeeds Dr. Benjamin J. Alexander, Hiawatha. Dr. Jessie T. Orr, Olathe, was reappointed. Dr. George R. B. Dean, McPherson, has been appointed a member of the State Board of Medical Registration and Examination, succeeding Dr. Franklin P. Hatfield, Olathe.

Kentucky.

Dr. Geo. T. Fuller, of Mayfield, has been reappointed as a member of the State Board of Health.

An anti-fee-splitting bill has been introduced into the Kentucky legislature (Senate Bill No. 96). It passed the senate and is now in the house It is "an act to prohibit the buying or selling of patients by physicians or surgeons or other persons." Any physician or surgeon or any other person who carries, sends or aids in "causing a patient to go to another physician or surgeon" and receives therefore any money, gift or other thing of value shall be fined $50 or $100. The physician or surgeon paying the money is fined similarly. The second offense is cause for revocation of State license, which may not thereafter be renewed.

Michigan.

Dr. H. A. Kling has removed from Roane, Texas, to Montague.

An official report states that beginning in the fall of 1916 the entrance requirements of the University of Michigan, Homeopathic Medical School, will be raised to two years of collegiate work. This makes forty-six medical colleges which in 1916 will have put into effect for admission the requirement of two or more years of collegiate work.

Dr. J. E. G. Waddington has removed his office from the Smith Building to 609 Scherer Building, 27 East Grand River Avenue, Detroit.

Missouri.

M. N. Smith has removed from 302 N. Twelfth Street, to 501 Pine Street, St. Louis.

Dr. J. D. Musick has removed from Calhoun to Rosalia, Kansas.

W. A. Swan has changed his office from 220 West Twelfth Street, to 4303 Main Street, Kansas City.

Nebraska.

Dr. A. L. Linquist has removed from Stanton, Iowa, to 4838 South Twenty-fourth Street, Omaha.

Dr. G. E. Charlton has been appointed superintendent of the Norfolk Hospital.

New York.

Dr. Chas. B. Graf has removed from 131 West Thirty-ninth Street, to 411 West End Avenue, corner Eightieth Street.

W. H. Boehm has removed from 960 Prospect Avenue, to 68 West Thirty-eighth Street, Brooklyn.

Dr. M. D. Smith has removed from Glens Falls to New Rochelle.

A bill has been introduced into the State legislature providing for compulsory health insurance for workers of the State, which aims to supplement the present workingmen's compensation law by giving medical attention and cash benefit to workers disabled by sickness as well as accident. The plan provides that 40 per cent. of the cost of health insurance is to be borne by the workmen themselves, 20 per cent. by the State, and 40 per cent. by the employers. The bill has been drafted by the American Association for Labor Legislation and will cover any case of sickness or acci-

dent not within the scope of present legislation. It applies to manual laborers and all others earning less than $100 per month.

In naming three women physicians to the recognized staff of the Cumberland Street Hospital, in Brooklyn, Charities Commissioner Kingsbury has adopted a course for which the feminine portion of the medical contingent has long pleaded. This is said to be first appointment of women to regular staff places in a public hospital, although there is now a woman ambulance surgeon at Bellevue, and she has had predecessors of her own sex there.

The fifty-sixth annual meeting of the Eclectic Medical Society of the State of New York was held at the Common Council Chambers, City Hall, Albany, N. Y., on Tuesday and Wednesday, March 22 and 23, 1916. The attendance was good and the meeting proved to be one of the most interesting ones ever held. The secretary, Dr. Adlerman, reported 150 members in good standing with dues paid up. Twelve new members were proposed by the State organizer at this meeting and elected to membership. The reports from the different county societies through the State showed them to be in good active condition.

The society went on record as favoring the provisions of the Evans bill giving the workmen the right to choose their own physicians under the State compensation laws, and also voted opposition to the Wicks bill and the Hess bill as giving too much power to the New York regents in the matter of withdrawal of physicians' certificates.

On Tuesday, March 22, the society tendered a surprise banquet to the secretary and State organizer, Dr. T. D. Adlerman. The dinner was enjoyed by all present, and many interesting speeches were delivered in which Dr. T. D. Adlerman was congratulated upon the success of his work as State organizer and secretary. Among those present were Dr. F. A. Green, of Boston; Dr. W. Heeve, of Brooklyn; Dr. G. J. Olsson, of New York; Dr. Benny, of Nassau; Dr. Blockfan, of Cambridge; Dr. G. R. Thompson, of Luzerne; Dr. Pearlstien, of Brooklyn; Dr. R. Toms, of Kenmore; Dr. Chirurg, of Boston; Dr. A. Wolf, of Brooklyn; Dr. Padgham and Dr. Gardner, of Geneva; Dr. Rivvett, of Green Island; Dr. E. H. King, of Saratoga Springs; Dr. V. von Unruh, of New York; Dr. J. Birkenhauer, of New York; Dr. Rowe, of Buffalo; Dr. G. Salter, of Brooklyn, and many others. The following officers were elected for next year: President, Dr. R. A. Toms, of Kenmore; first vice-president, G. R. Thomson, of Luzerne; second vice-president, Dr. D. Alperin, of New York; third vice-president, H. J. Terpening, of Fulton; secretary and State organizer, Dr. T. D. Adlerman, of Brooklyn; corresponding secretary, Dr. N. M. B. McDermott, of New York; treasurer, Dr. H. Stoesser, of Union Course, N. Y. Next place of meeting, Albany, N. Y., March, 1917.

A bill has been introduced into the senate of the State to amend the education law relative to the practice of professions in New York State by persons licensed in other States or countries and the licensing of such per-

sons by the regents of the university under certain conditions. The law has been amended to read as follows:

"Conformable to law, the regents may supervise the entrance regulations to and the licensing and practicing of the professions of medicine, dentistry, veterinary medicine, pharmacy and optometry, and also supervise the certification of nurses and public accountants.

"The regents shall have power to make rules and regulations to regulate the licensing to practice of any member of any such professions, or the certification of any nurses or public accountants who shall present satisfactory evidence to the regents showing the applicant for a license to be of good moral character, of sufficient preliminary and professional education, training and skill, and to have lawfully and successfully practiced such profession or calling for such a period of time as to evidence a sufficiently high standing as to learning, experience, skill and character to warrant a license to practice in this State. The regents may dispense with all examinations in proper cases or require such examinations in other cases, as they shall deem necessary to test the professional attainments of the applicant.

"This act shall take effect July 1, 1916."

The twenty-third annual meeting of the Kings County Eclectic Medical Society took place on February 12, last, at the Hof Brau House, Brooklyn. Notwithstanding the fact that the weather was most unpleasant, a storm raging with a fierce force, the meeting was well attended and delegations from New York City and Boston were present.

Two interesting papers were presented by Dr. V. von Unruh and Dr. D. Alperin. Dr. V. von Unruh's paper, "Tuberculosis or Influenza, Three Cases from Practice," as well as Dr. D. Alperin's paper, "Amblyopia," brought forth very interesting discussions which were enjoyed by all present. The retiring president, Dr. T. D. Adlerman, delivered his annual address, in which he dwelt on the necessity of closer fraternal relations among the Eclectic physicians of Greater New York and the importance of opposing the new health insurance bill, which was recently introduced into the New York legislature. The following officers were elected for the year: President, Dr. A. Wolf, of Brooklyn; vice-president, Dr. W. I. Louis, of Brooklyn Hills; secretary, Dr. T. D. Adlerman, of Brooklyn; treasurer, Dr. M. Pearlstien, of Brooklyn. The annual banquet followed, which was a great success enjoyed by all those present.

The *Eclectic Medical Journal* was selected as the official organ of the Kings County Eclectic Medical Society.

Ohio.

Dr. B. L. Englerth has removed from Morrow to Anna.

Dr. C. P. Krohn has returned to Morrow.

Dr. K. H. Harrington has been appointed as anesthetist on the staff of the Peoples Hospital at Akron.

Dr. A. D. Kester has removed from 3172 Glenwood Avenue, Toledo, to North Lewisburg.

The Sigma Theta fraternity of the Eclectic Medical College, Cincinnati, gave a dinner at the "frat" house, 602 West Seventh Street, Friday evening, March 10, in honor of Dr. Finley Ellingwood, of Chicago, who had just finished a series of lectures on materia medica at the college. Dr. Ellingwood responded to Toastmaster Dr. R. M. Musick on "Reminiscences of Forty Years of Active Practice." Dr. Byron H. Nellans gave an interesting talk.

Out of every 1,000 American babies, 124 die before they are a year old. Neglect and bad sanitary conditions crippled and weakened many thousands. Three hundred thousand babies under a year old died in the United States, last year. Half of this number could have been saved by proper precautions. Healthy conditions before and after birth, pure and nourishing food, and intelligent care are the remedies.

Prof. Finley Ellingwood, of Chicago, delivered a special course of lectures at the Eclectic Medical College, daily, Monday to Friday, March 6 to 10, on "Materia Medica and Therapeutics."

The Cincinnati Medical Society met at the Hotel Gibson, Friday evening, March 3. Dr. E. J. Buten discussed "When Should Tonsils be Removed?" Dr. Buten claimed that tonsils are responsible for disease in almost every part of the body and that they should be removed when infected or when responsible for disease. "Clinical Research Work" was the topic discussed by Dr. John H. Wilms, who has been prominent as an advocate of vivisection and said that the best way to give tests of new medicines and theories was to try them on animals. The combining of electro-therapeutic treatment with a medical treatment for all diseases was advocated by Dr. J. R. McCleary in a paper, "Electricity and Its Uses." Dr. Cloyce Wilson is president, and Dr. A. J. Nunnamaker, secretary of the organization.

Dr. E. B. Shewman, of Cincinnati, was the essayist at the meeting of the B. Merrill Ricketts Experimental Surgical Research Laboratory, Saturday evening, March 25. Subject, "The Kidney; Its Anatomy with Reference to Its Function and Pathology" (illustrated).

A meeting of the State Medical Board was held at the Sinton Hotel, Cincinnati, March 16, 1916. All members present, viz., Dr. L. E. Siemon, Cleveland, chairman; Dr. Lee Humphrey, Malta; Dr. Ben R. McClellan, Xenia; Dr. J. H. J. Upham and Dr. S. M. Sherman, Columbus; Dr. John K. Scudder, Cincinnati, and Dr. George H. Matson, secretary. The board decided to continue in force for one year its fifteen-patient hospital ruling regarding trained nurses, which was agreed upon at a general meeting of representatives of all public and private hospitals of the State, held in the Senate Chamber at Columbus, last fall. The board revoked the license of Dr. George Schwenkmeyer, of Kennedy Heights. The charges preferred against him were that he had been connected in a medical case at Ports-

mouth, Ohio, with R. von Walden, head of the von Walden Institute, of Cincinnati, who is an unregistered practitioner, and that he had been an accessory to the illegal division of medical fees. Questioned by the board, Dr. Schwenkmeyer admitted the charge. He said he had been hired by von Walden at a fee of $10 a week, and that he had received $20 as his share of the Portsmouth case. It was decided to revoke the license of Dr. Schwenkmeyer on the grounds of the first charge, that of assisting an illegal practitioner. The second charge was not considered.

Dr. Morton W. Bland, chief registrar of vital statistics, secretary of State's Department, Columbus, Ohio, has recently issued his report for 1915, which shows that Ohio's birth and death rates for 1915 were nearly stationary as compared with those of 1914, but deaths from tuberculosis were a little higher, from pneumonia one-eighth more, and from automobile accidents nearly three-fourths greater. The number of babies born last year was 101,925, making a birth rate of 20.2 per 1,000 of population. Deaths numbered 66,077, a rate of 12.98. Thus the State got a net increase of 35,000 future citizens, regardless of those who moved into the State. Nineteen per cent. of the deaths were of children under the age of five years. A few more boys than girls were born. Massillon had both the lowest death rate and the lowest birth rate. Tuberculosis caused 6,663 deaths, a rate of 131, compared with a rate of 130 in 1914. Automobile accidents caused 304 deaths, as compared to 187 the previous year. A decrease in infant mortality is a significant feature of the report. Cincinnati had 6,357 deaths and 7,782 births, while Cleveland had 8,841 deaths and 7,314 births. The rates were figured on an estimated population of 5,088,633.

The subject discussed by Prof. John Uri Lloyd before various scientific societies during his recent trip East was "Demonstrations in Colloidal Chemistry, with Experiments Showing the Action of Hydrated Aluminum Silicate."

At the meeting of the Southwestern Eclectic Medical Association, at the Business Men's Club, Cincinnati, April 5, papers were read by Dr. G. S. Van Horn on the "Thyroid Gland," and by Dr. Alphonse Riggs on "Vaccination."

Local registrars who furnish the Ohio Vital Statistics Bureau, Department of the Secretary of State, with birth and death reports are now being paid for their services for the past year. In the townships, villages and smaller cities they are paid 25 cents for each report. In the cities of larger population the sum paid is smaller. In Cincinnati and Cleveland, where the largest number of deaths and births occurs, five cents is allowed for each report. In Toledo and Columbus the allowance is 15 cents, and in Dayton, Akron, Canton and Youngstown, it is 20 cents. The pay for the registrars for the year ranges from as low as 25 cents up to $1,300. In the larger cities the registrar gets all the way up to $1,300 for his work. In some townships there may be only one report to make, in which case the registrar

would only receive 25 cents. In the townships the township clerk acts as registrar, and in the villages the village clerk does the same. In the municipalities the local board of health designates the person who is to act as registrar. The city registrars are the most prompt in reporting. In the rural districts where deaths and births do not occur often, the registrars, naturally, take their own time in sending them in. However, there is not as much lagging on the part of the rural registrars as formerly. The department has been urging them to forward reports promptly so that no delay will be caused in the compilation of statistics, and a majority of them are complying with the request.

On April 7, Dr. Chas. W. Tidball read a paper before the Cincinnati Medical Society on "Hydrastis Canadensis."

The quarterly meeting of the Northwestern Ohio Eclectic Medical Association was held Thursday, April 20, at the Lima House, Lima. Interesting papers were read and discussed by Drs. Mundy, Jenkins and Ballmer.

The annual dinner of the students of the Eclectic Medical College, of Cincinnati, was held at the Business Men's Club on Monday evening, February 21, at 6:30 o'clock. It was a get-together meeting for the purpose of bringing the entire student body and professors into a closer relationship. It was a success in every way, and the Student Committee, Gardner, Seitters, Bechtel and Spradling, deserve great credit. Eighty-five students and twenty-five professors were in attendance. Dr. John K. Scudder acted as toastmaster. Invocation by Rev. S. Clarke Riker. George F. Seitters responded for the freshman class on "The Gem of Great Price," Chester B. Gardner for the sophomore class on "The Annual Banquet," Charles McLaughlin for the junior class on "Our Class as Eclectics," W. Claude Davis for the senior class on "College Advancement." Dr. Rolla L. Thomas, the dean, on "Eclecticism—Past, Present and Future." Dr. R. C. Heflebower on "Specialties in Medicine." Prof. J. U. Lloyd was to have responded to the toast, "Some Recollections of the Old College," but was unable to be present owing to a severe attack of laryngitis.

The regular quarterly meeting of the Ohio State Medical Board was held in Columbus, April 3 and 4, 1916. All the members were present, including the newly appointed member, Dr. C. E. Sawyer, of Marion, recently appointed in place of Dr. T. E. McCann, of Dayton.

The board approved the issuing of certificates of 388 persons under the limited practitioner's clause of the Platt-Ellis law; 139 chiropodists; thirty-three limited practitioners and four chiropodists failed on the recent examination, and fourteen more were rejected as having failed to prove five years' practice; 3,594 nurses were issued certificates, and 250 applications are still under consideration.

Questions were submitted for the examinations for physicians, which will be held in Columbus, June 6, 7, 8 and 9. On June 6 and 7, practical tests will be held at the St. Francis Hospital, and on the other two days written tests in the Armory Building on the Ohio State University grounds.

The following certificates were issued on reciprocity: Gertrude W. H. Transeau, Ill. '07, graduate Tufts Medical College, 1904; Paul C. Lybyger, Ill. '14, graduate Rush, 1914; Arthur H. Hixson, Ill. '15, graduate Rush, 1914; Claude D. Hamilton, Md. '13, graduate Physicians and Surgeons, Baltimore, 1913; Rollin V. N. Hadley, Mich. '14, graduate University of Michigan Homeo., 1914; Joseph C. Gallagher, Mo. '13, graduate Washington University, 1901; Nunzio Portoghese, Mo. '13, graduate Royal University of Palermo, Italy, 1906; Frank B. Bigarel, N. Y. 1900, graduate Albany Medical College, 1900; Roger S. Morris, N. Y. '13, graduate University of Michigan, 1902; Theodore Burstein, N. Y. '15, graduate Bellevue, 1915; William R. Butt, Pa. '04, graduate University of Pennsylvania, 1904; Edward A. Bailey, Texas '13, graduate Meharry Medical College, 1912; Samuel W. Hogsett, W. Va. '02, graduate University of Louisville, 1902; Edmund H. Niesen, Wis. '15, graduate Marquette, 1915; Norman C. Browand, Indiana, 1897; Bernard B. Neubauer, Md. '12, graduate Baltimore Medical College, 1911.

The Marquette University, of Wisconsin, was placed on the accepted list. The applications of the Bennett Medical College and the Chicago College of Medicine and Surgery for recognition were again rejected.

The Committee on Medical Colleges, in connection with the secretary, were instructed to re-inspect the five Ohio medical colleges before the closing of the present term.

Application for the re-instatement of Dr. L. F. Preston, of Cincinnati, was again rejected. The certificate of Dr. John F. Jones, of Columbus, recently convicted under the Harrison Anti-Narcotic Law, was restored.

Oregon.

The governor has recently appointed Dr. Urling C. Coe, E. M. I., of Bend, Ore., as the Eclectic member of the State Board of Medical Examiners, to succeed Dr. H. L. Henderson, of Astoria, whose term expired February 28.

Pennsylvania.

Dr. C. L. Johnstonbaugh, owing to ill health, was compelled to spend the winter in Miami, Fla.

Dr. G. B. Shivery has removed from Cedarfield to Woodland.

A resolution was adopted recently by the Bureau of Medical Education and Licensure of Pennsylvania that graduates of all medical schools in the Dominion of Canada be required to take the final year in one of the Pennsylvania medical colleges and to qualify in the hospital interne year before being eligible to enter the Pennsylvania licensing examination. This action is similar to that taken in recent years by the licensing boards of certain Canadian provinces, affecting graduates of American medical schools.

On account of the pure water supply of which Pittsburgh boasts the typhoid death rate has been cut 94 per cent. In 1906, the death rate from

that disease was 109.7 to the hundred thousand population. In 1915, this had been reduced to 6.4 per hundred thousand.

Rhode Island.

A report from the State Board of Health states that after January 1, 1917, no physician will be allowed to register in that State unless he has served one year in a hospital having at least fifty beds, and has attended at least ten maternity cases.

Texas.

Dr. S. J. Brownson has removed from 2701 Rosea Avenue to 108 West Lenda Street, Fort Worth.

Dr. H. A. Kling has removed from Roane to Montague, Mich.

Virginia.

The State Board of Medical Examiners of Virginia has ruled that a knowledge of materia medica is essential to the practice of surgery, and since schools of osteopathy do not teach materia medica, osteopaths are not qualified to practice surgery.

Wisconsin.

Dr. Ira T. Thompson has been made State health officer in charge of District 4, with headquarters at Eau Claire.

MISCELLANEOUS.

Rural Sanitation and the United States Public Health Service. —For investigating and encouraging the adoption of approved methods of rural sanitation, and especially for devising and demonstrating effective measures against pellagra and typhoid fever, instructing farmers and others in the prevention and suppression of these diseases, conducting the necessary investigations and surveys and otherwise taking steps in co-operation with State and local authorities to prevent and eradicate these diseases in rural districts in the United States, for use by the United States Public Health Service, it is proposed to appropriate the sum of $100,000, according to a bill introduced into the house of representatives, February 5. An appropriation of $75,000 for special studies of, and demonstration work in, rural sanitation was requested by the secretary of the treasury in a letter addressed to the speaker of the house of representatives, February 8, for the use of the United States Public Health Service during the fiscal year ending June 30, 1917. An item of $50,000 for the same purpose, for use during the present fiscal year, is included in the urgent efficiency bill now being considered in conference. The present request is based on a report of the surgeon-general of the Public Health Service that the results of field investigations conducted by the Public Health Service since July 1, 1914, indicate the urgent need of the extension of these activities in country districts in order that sickness may be prevented, lives saved and local health organization advanced. More than 52 per cent. of the total popu-

lation of the country is rural and the advancement of sanitation among this class has not kept pace with the advance in urban communities.

Poverty in the United States of America as a large factor in sanitation was convincingly shown November 26, by Surgeon General Gorgas, in his address before the annual meeting at Washington of the Clinical Society of Surgeons.

Almost simultaneous announcement from two separate sources is just made of a valuable new antiseptic for infected or gangrenous wounds. Dr. Alexis Carrel, of the Rockefeller Institute, New York, and Dr. Henry D. Eakin, of the Lister Institute, London, are quoted by the Paris *Matin*, of August 5, as follows: "First, the wound is cleaned; then by rubber tubes the new antiseptic solution—a combination of hypochlorite of lime, carbonate of lime and boric acid—is introduced to the innermost parts of the affected tissues. The tubes, whose diameter and length vary according to the nature of the wound, are surrounded with a spongy material, which, by absorbing the solution, keeps the wound properly moist. Thus the worst wounds rapidly improve in eight days to an extent unknown with former antiseptic processes." The researches of Dr. Lorrelin Smith, professor of pathology in the University of Edinburgh, are given in the *British Medical Journal*, of July 24: Acting for the British Medical Research Committee with Drs. Drennan, Rettis and Campbell, Lorrelin Smith found that hypochlorous acid is a much more potent germicide than hypochlorites and after investigation devised a method in which free acid can be safely used as an antiseptic. British observers found the antiseptic is most conveniently prepared by the action of boric acid on bleaching powder, in the presence of a small quantity of water. This is the method which Dr. Carrel, working independently, also arrived at.

There were 25,000 fatal accidents among American wage earners in 1913 and approximately 700,000 workmen injured whose disability was more than four weeks. Accidental deaths not due to industry in 1913 reached 57,250, according to a report issued at Washington by the Bureau of Labor Statistics. The industries which contribute the greatest number of fatal accidents are railroad employments and agricultural pursuits, each group being responsible for approximately 4,200 fatalities each year. Coal mining contributes more than 2,600, and building and construction work nearly 1,900. General manufacturing, while employing large numbers, produces only about 1,800 accidents.

Eucalyptus as a specific for cerebro-spinal meningitis is announced in a press telegram from Melbourne, Australia, as having been discovered by Dr. Richard Bull, director of the bacteriological laboratory in the university there.

A scarcity of available physicians for the post of interne in hospitals is being felt and large hospitals are now offering as much as $60 per month to suitable graduates of high-class colleges.

The Modern School.—Experimentation has become a practice with the John D. Rockefeller Educational Board. When this board was founded, many able educators regarded it with suspicion, because they apprehended that a few untrained or one-sided men would gain much control in the educational world because of the power of money. These fears are being realized to-day. Experimentation in education has its grave dangers. The subjects of experiment here are the minds of children and youth. If the experiment is a failure, the human souls are injured, and many suffer through all their lives. No intelligent parent will consent to have his children made the subject of experiment in education any more than in medicine or surgery. It might be fatal.—*Presbyterian.*

OBITUARIES.

Brantley, James Pope, Georgia College of Eclectic Medicine and Surgery, Atlanta, 1882, at his home in Atlanta, March 31, aged sixty-eight.

Church, Wm. B., Eclectic Medical Institute, Cincinnati, 1866, member of the Indiana and National Eclectic Medical Associations, of Gary, Ind., died whilst operating in Chicago, Ill., February 16, aged eighty.

Davis, George W., Eclectic Medical Institute, Cincinnati, 1880, at his home in Marion, Ind., March 4, 1916, aged sixty-two.

DeRoss, David E., Eclectic Medical Institute, Cincinnati, 1875, at his home in Wichita, Kansas, March 28, aged seventy-two.

Dowell, John A., Eclectic Medical Institute, Cincinnati, 1881, at his home in Albany, Ind., February 19, aged fifty-eight.

Dunlap, Mary Lucinda, Iowa Eclectic Medical College, Des Moines, 1888, at Des Moines, Iowa, February 5, aged fifty-seven.

Feemster, Thomas, American Medical College, St. Louis, 1882, at his home in Santa Cruz, Cal., December 14, aged sixty-five.

Goldsmith, Charles Harold, Eclectic Medical College, of the city of New York, 1906, at his home in New York, February 29, aged thirty-nine.

Goyer, Edward H., California Eclectic Medical College, 1877, at Eureka, Cal., November 15, aged seventy-seven.

Grimes, Richard S., Bennett Medical College, Chicago, 1873, member of the Nebraska State and the National Eclectic Medical Societies, at his home in Lincoln, Neb., February 14, aged sixty-three.

Hawley, Marie W., Iowa Eclectic Medical College, Des Moines, 1883, at her home at Bayfield, Wis., December 28, 1915, aged seventy-five.

Hill, William, Eclectic Medical College of Pennsylvania, Philadelphia, 1865, at his home in Rochester, Ind., January 21, aged eighty-three.

Jacoby, Frederick, Eclectic Medical College of Pennsylvania, Philadelphia, 1862, at his home in Columbus, Ohio, March 7, aged eighty-four.

Johnson, John H., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1906, at his home in Falco, Ala., January 8, aged thirty-nine.

Koch, Albert T., Bennett Medical College, Chicago, 1874, at his home in Wausau, Wis., aged seventy-six.

Lacey, R. R., Eclectic Medical Institute, Cincinnati, 1878, at Carbondale, Ill., February 5.

Mayberry, Edward A., University Medical College, Kansas City, Mo., 1897, of Enid, Okla., at Hot Springs, Ark., aged forty-seven.

McMaster, Hamilton S., Bennett Medical College, Chicago, 1871, at his home in Dowagiac, Mich., March 13, aged seventy-four.

Mitchell, Frank B., Eclectic Medical College, Cincinnati, 1899, at his home in Marietta, Ohio, aged thirty-eight.

Moffett, William Ferguson, at his home in Chicago, Ill., March 14, aged eighty-eight.

Ralston, John P., American Eclectic Medical College, St. Louis, 1880, at his home in Springfield, Mo., January 30, aged sixty-four.

Robinson, Felix B., Eclectic Medical Institute, 1867, formerly of Monticello, Ind., at Coldwater, Mich., April 3, aged seventy-two.

Scheurer, B. W., American Eclectic Medical College, St. Louis, 1891, member of the California and National Eclectic Medical Associations, at his home in Long Beach, Cal.

Scott, David W., Eclectic Medical Institute, Cincinnati, 1871, at Zion City, Ill., January 16, aged eighty-three.

Shafer, Winfield S., Eclectic Medical Institute, Cincinnati, 1886, of Rochester, Ind., died in Chicago, Ill., January 22, aged sixty-three.

Shultz, John H., Eclectic Medical Institute, Cincinnati, 1872, at his home in Logansport, Ind., February 24, aged seventy-three.

Shutt, Lewis C., of Oliver, Ind., Eclectic Medical Institute, 1889, in St. Louis, Mo., March 17, aged sixty.

Squier, Ellis A., Eclectic Medical Institute, Cincinnati, 1888, member of the Indiana and National Eclectic Medical Associations, at his home in Frankfort, Ind., February 14, aged sixty-seven.

Van Bender, Joseph Levan, Eclectic Medical College of the city of New York, 1882, at his home in Penn Yan, N. Y., January 21, aged seventy-five.

Van Horn, Winfield S., Eclectic Medical Institute, Cincinnati, 1883, member of the Ohio State and National Eclectic Medical Societies, at his home in Findlay, Ohio, March 6, aged sixty-five.

Vohs, Herman E., Eclectic Medical University, Kansas City, Mo., 1914, at his home in Kansas City, Kansas, April 2, aged twenty-eight.

Wells, Thomas J., Eclectic Medical Institute, Cincinnati, 1890, member of the Oklahoma State and National Eclectic Medical Associations, at Davis, Okla., January 20, aged forty-nine.

ANNUAL MEETING OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, CEDAR POINT, OHIO, JUNE 20-23, 1916.

The Ohio State and National Eclectic Medical Associations will hold their annual meeting at the Hotel Breakers, Cedar Point, Ohio, June 19 to 23, inclusive. The place is easy of access from every point, and at this

season of the year excursion rates to summer resorts are in force. The rates at the hotel are as follows:

$1.00 per day, each person, two in a room; $1.50 per day, single.

For the best rooms, $1.50 per day, each person, two in a room; $2.00 per day, single.

Rooms with bath, $2.00 per day, each person, two in a room; $3.00 per day, single.

The convention hall, committee rooms and exhibit halls are all convenient. Ohio invites and anticipates a large attendance from her sister States.

OFFICERS.

President.—T. D. Adlerman, M.D., 910 St. John's Place, Brooklyn, N. Y.

First Vice-President.—B. W. Mercer, M.D., Tiffin, Ohio.

Second Vice-President.—F. M. Andrus, M.D., 114 N. 13th Street, Lincoln, Neb.

Third Vice-President.—A. J. Atkins, M.D., 714 Pine Street, San Francisco, Cal.

Recording Secretary.—William P. Best, M.D., 2218 E. Tenth Street, Indianapolis, Ind.

Corresponding Secretary and Editor of the QUARTERLY.—W. N. Mundy, M.D., Forest, Ohio.

Treasurer.—E. G. Sharp, M.D., Guthrie, Okla.

NATIONAL COMMITTEES.

On Conference with Homeopaths—J. K. Scudder, M.D., chairman, Cincinnati, Ohio; J. P. Harvill, M.D., Nashville, Tenn.; R. L. Thomas, M.D., Cincinnati, Ohio.

On Grievances—W. S. Glenn, M.D., chairman, State College, Pa.; C. E. Buck, M.D., Boston, Mass.; G. S. Porter, M.D., Linton, Ind.; Frank Webb, M.D., Bridgeport, Conn.

On Credentials—H. Stoesser, M.D., chairman, Brooklyn, N. Y.; J. Stevenson, M.D., Ft. Smith, Ark.; O. C. Welbourn, M.D., Los Angeles, Cal.

On Finance—J. C. Mitchell, M.D., chairman, Louisville, Ky.; B. K. Jones, M.D., Kenton, Ohio; E. J. Dech, M.D., Easton, Pa.

On Necrology and History—H. W. Felter, M.D., chairman, Cincinnati, Ohio; Prof. J. U. Lloyd, Cincinnati, Ohio; H. Harris, M.D., New York, N. Y.

On Press—Wm. N. Mundy, M.D., chairman, Forest, Ohio; V. L. Bell, M.D., Grand Rapids, Mich.; J. K. Scudder, M.D., Cincinnati, Ohio; J. V. Conover, M.D., Elmer, N. J.

On Audit—J. C. Mitchell, M.D., chairman, Louisville, Ky.; H. H. Blankemeyer, M.D., Aransas Pass, Texas; G. O. Hulick, M.D., East St. Louis, Ill.

On Publicity, Pamphlets, etc.—J. K. Scudder, M.D., chairman, Cincinnati, Ohio; Prof. J. U. Lloyd, Cincinnati, Ohio; F. L. Wilmeth, M.D., Lincoln, Neb.

On Medical Colleges—Wm. C. Best, M.D., chairman, Indianapolis, Ind.; Wm. N. Mundy, M.D., Forest, Ohio; J. K. Scudder, M.D., Cincinnati, Ohio; F. L. Wilmeth, M.D., Lincoln, Neb.; B. E. Dawson, M.D., Kansas City, Kansas.

Legislative Committee—Wm. N. Mundy, M.D., chairman, Forest, Ohio; J. K. Scudder, M.D., Cincinnati, Ohio; E. S. Spindell, M.D., Springfield, Ill.

Committee on Arrangements, Exhibits and Transportation—J. K. Scudder, M.D., chairman, Cincinnati, Ohio; H. W. Powers, M.D., Amherst, Ohio; J. G. Sherman, M.D., Columbus, Ohio; W. K. Mock, M.D., Cleveland, Ohio; B. K. Jones, M.D., Kenton, Ohio; J. P. Harbert, M.D., Bellefontaine, Ohio; J. F. Wuist, M.D., Dayton, Ohio; Harry A. Shafor, M.D., Detroit, Mich.

Committee on Organization—
Arkansas—L. L. Marshall, Little Rock.
California—H. Ford Scudder, Los Angeles.
Canada—J. Gordon Bennett, Halifax.
Colorado—W. O. Patterson, Pueblo.
Connecticut—T. S. Hodge, Torrington.
Cuba—H. Frank Tudela, Guantanamo.
Florida—J. H. Mann, Lake Butler.
Georgia—E. L. Daniel, Kirkwood.
Idaho—Russell Truitt, Cottonwood.
Illinois—G. O. Hulick, East St. Louis.
Indiana—Geo. C. Porter, Linton.
Iowa—B. C. Minkler, Des Moines.
Kansas—J. H. Rinehart, Topeka.
Kentucky—J. L. Richardson, Ashland.
Maine—A. Fossett, Portland.
Maryland—Geo. W. Fisher, Baltimore.
Massachusetts—C. E. Buck, Boston.
Michigan—H. Shafor, Detroit.
Minnesota—F. E. Hufnail, Minneapolis.
Missouri—B. J. Wiessner, St. Louis.
Nebraska—E. J. Latta, Kenesaw.
Nevada—J. P. Martin, Reno.
New Jersey—A. Liva, Lyndhurst.
New Hampshire—
New York—T. D. Adlerman, Brooklyn.
Ohio—W. N. Mundy, Forest.
Oklahoma—K. P. Hampton, Soper.
Oregon—H. L. Henderson, Astoria.

Pennsylvania—W. S. Glenn, State College.
Rhode Island—D. L. Powe, Providence.
South Dakota—W. P. Collins, Howard.
Tennessee—J. P. Harvill, Nashville.
Texas—H. H. Blankemeyer, Aransas Pass.
Utah—C. L. Olson, Murray.
Vermont—H. N. Waite, Johnson.
Washington—J. W. Cosford, Spokane.
Wisconsin—J. R. Brewer, Jefferson.
Wyoming—T. A. Dean, Casper.
West Virginia—F. P. Beaumont, New Cumberland.

Programme

TUESDAY, JUNE 20, 10:30 A.M.

Call to order by President, T. D. Adlerman, M.D.
Invocation, R. C. Argyle Keller, Sandusky, Ohio.
Address of Welcome, Hon. Robert A. Koegle, Mayor, Sandusky, Ohio.
Address of Welcome, H. W. Powers, President Ohio State Eclectic Medical Society, Amherst, Ohio.
Response, T. D. Adlerman, M.D., Pres. N. E. M. A., Brooklyn, New York.

Business Session.

Calling roll of officers.
Calling roll of states for formation house of delegates.
Approval of minutes of previous meeting.
Report of recording secretary.
Reporting of corresponding secretary.
Report of treasurer.
Report of standing committees.
Report of special committees.
Appointment of new committees.
Miscellaneous or new business.

TUESDAY, JUNE 20, 2:00 P.M.

President's Address .....T. D. Adlerman, M.D., Brooklyn, New York.

Business Session.

Section I—Practice.

Address: Past, Present and Future of Eclecticism...R. L. Thomas, M.D., Cincinnati, O.
Chairman—E. H. Stevenson, M.D., Ft. Smith, Ark.
Vice-Chairman—C. M. Chandler, M.D., Salt Lake City, Utah.
Secretary—J. C. Mitchell, M.D., Louisville, Ky.

1. Stomach Ulcers.....W. VanNette, M.D., Clyde, Ohio.
2. Further Report on the Action of Subculoyd Inula and Echinacea Compound in the Treatment of Tuberculosis.....V. von Unruh, M.D., New York, N. Y.
3. Observation and Temperament in the Administration of Drugs....W. E. Daniels, M.D., Madison, S. D.
4. Diagnosis and Treatment of Scarlatina.....J. P. Martin, M.D., Reno, Nevada.
5. Little Things in Daily Practice.....Finley Ellingwood, M.D., Chicago, Ill.
6. Salicylic Acid and Guaiacol in Tuberculosis.....J. C. Mitchell, Louisville, Ky.
7. Treatment of Localized Muscular Pain.....H. T. Webster, M.D., Oakland, Cal.
8. The Vapo-Osmo-Dermal Method of Treating Syphilis.....G. S. Pettit, M.D., Oklahoma City, Okla.
9. Typhoid Fever.....J. B. Matthews, M.D., Blue Mound, Ill.
10. Immunizing for Typhoid Fever.....C. J. Hemminger, M.D., Rockwood, Pa.
11. Rheumatic Fever .....M. S. Canfield, M.D., Frankfort, Ind.
12. Specific Medication.....Fred. Kattenhorn, M.D., Cincinnati, Ohio

13. Typhoid Fever .....J. P. Huff, M.D., Plummers Landing, Ky.
14. Some Reasons for Failure in Treating Tuberculosis.....Z. L. Baldwin, M.D., Kalamazoo, Mich.
15. The Patient .....Benj. E. Dawson, M.D., Kansas City, Mo.
16. A Case in Practice.....E. G. Sharp, M.D., Guthrie, Okla.
17. Subject not Announced.....M. M. Harvill, M.D., Nashville, Tenn.
18. Specific Diagnosis and Medication.....H. H. Blankemeyer, M.D., Aransas Pass, Texas.
19. Care and Treatment of Tonsillitis.....J. P. Harvill, M.D., Nashville, Tenn.
20. Tuberculosis and Intravenous Treatment....H. H. Helbing, M.D., St. Louis, Mo.
21. The Typical Remedies.....Finley Ellingwood, M.D., Chicago, Ill.
22. Intestinal Indigestion.....M. M. Hamlin, M.D., St. Louis, Mo.
23. Is Antitoxine a factor in Post Diphtheritic Paralysis?....E. H. Stevenson, M.D., Ft. Smith, Ark.
24. The Doctor, Who is He?.....V. E. Duren, M.D., Hot Springs, Ark.
25. Subculoyd Lobelia in Diphtheria.....H. S. Lowrence, M.D., Chebanse, Ill.
26. Hemorrhoids Cured Without the Knife.....Simon L. Katzoff, M.D., Atlanta, Ga.
27. Erysipelas.....Wesley Van Nette, M.D., Clyde, Ohio.

WEDNESDAY, JUNE 21, 9:00 A.M.

Business Session.

Section II—Materia Medica.

Chairman—H. W. Felter, M.D., Cincinnati.
Vice-Chairman—N. M. Glenn, M.D., State College, Pa.
Secretary—J. P. Harvill, M.D., Nashville, Tenn.

Address: American Materia Medica for the American Physician. Finley Ellingwood, M.D., Chicago, Ill.

1. Hypodermic Medicines.....J. U. Lloyd, Phar. M., Cincinnati, Ohio.
2. Lobelia.....Finley Ellingwood, M.D., Chicago, Ill.
3. Camphor in Pneumonia.....R. L. Thomas, M.D., Cincinnati, Ohio.
4. Eryngium.....A. F. Stephens, M.D., St. Louis, Mo.
5. Therapeutics of Urinary Tract.....A. F. Stephens, M.D., St. Louis, Mo.
6. Therapeutics of Otitis Media.....W. N. Mundy, M.D., Forest, Ohio.
7. Macrotys.....W. P. Best, M.D., Indianapolis, Ind.
8. Echinacea.....W. P. Best, M.D., Indianapolis, Ind.
9. Pilocarpus.....B. E. Dawson, M.D., Kansas City, Mo.
10. Therapeutics of Amenorrhea.....H. W. Powers, M.D., Amherst, Ohio.
11. Therapy of Nasal Catarrh.....N. M. Dewees, M.D., Cambridge, Ohio.
12. Belladonna.....N. M. Dewees, M.D., Cambridge, Ohio.
13. Bryonia.....W. H. Moreland, M.D., Hickory Ridge, Ark.
14. Therapeutics of Malarial Toxemia....W. H. Moreland, M.D., Hickory Ridge, Ark.
15. Potassium Iodide.....J. B. Barker, M.D., Piqua, Ohio.
16. Hypnotics.....F. D. Postle, M.D., Shepard, Ohio.
17. Therapeutics of Acute Conjunctivitis.....R. C. Heflebower, M.D., Cincinnati, Ohio.
18. Hydrastis in Ocular Disorders.....R. C. Heflebower, M.D., Cincinnati, Ohio.
19. Rhus Toxicodendron.....O. C. Beard, M.D., Chanute, Kansas.
20. Echinacea.....W. G. Choate, M.D., Hot Springs, Ark.
21. Therapeutics of Syphilis.....W. G. Choate, M.D., Hot Springs, Ark.
22. Ergot.....Lee Strouse, M.D., Covington, Ky.
23. Therapeutic Bedside Experiences...H. H. Blankmeyer, M.D., Aransas Pass, Texas.
24. Cocaine.....J. P. Harbert, M.D., Bellefontaine, Ohio.
25. Nux Vomica.....S. W. Moreland, M.D., Jonesboro, Ark.
26. Therapeutics of the Eruptive Diseases.....S. W. Moreland, M.D., Jonesboro, Ark.
27. Belladonna.....M. F. Bettencourt, M.D., Mart, Texas.
28. Therapeutics of Erysipelas.....M. F. Bettencourt, M.D., Mart, Texas.
29. Lobelia.....A. F. Davidson, M.D., Poplar Bluff, Mo.
30. Respiratory Therapeutics.....A. F. Davidson, M.D., Poplar Bluff, Mo.
31. Fluid Extract of Chestnut Leaves.....J. P. Harvill, M.D., Nashville, Tenn.
32. Specific Medication.....John K. Scudder, M.D., Cincinnati, Ohio.
33. Senecio.....T. D. Hollingsworth, M.D., Akron, Ohio.
34. Therapeutics of Functional Reproductive Disorders....T. D. Hollingsworth, M.D., Akron, Ohio.
35. Specific Medicine Senecio.....J. O. Cummins, M.D., Nashville, Tenn.
36. Specific Medicine Bryonia.....M. M. Harvill, M.D., Nashville, Tenn.
37. Some Cardiac Remedies.....J. Harvill Hite, M.D., Nashville, Tenn.

38. Indications for Specific Medicine Baptisia...F. P. McKiel, M.D., Nashville, Tenn.
39. Sodium Sulphate.....R. L. Eaton, M.D., Nashville, Tenn.
40. Subject to be Announced.....Byron Nellans, M.D., Cincinnati, Ohio.
41. Subject to be Announced.....Geo. T. Fuller, M.D., Mayfield, Ky.
42. Gelsemium.....J. D. Smith, M.D, Dayton, Ohio.
43. Iodine.....Harry A. Shafor, M.D., Detroit, Mich.
44. Therapeutics of Acute Infections.....Harry A. Shafor, M.D., Detroit, Mich.
45. Subject to be Announced.....H. W. Felter, M.D., Cincinnati, Ohio.
46. Crataegus, a Clinical Study.....J .Fraser Barbrick, M.D., Los Angeles, Cal.
47. Phytolacca.....Herbert T. Webster, M.D., Oakland, Cal.
48. Novocaine Anesthesia.....E. B. Shewman, M.D., Cincinnati, O.
49. Genito-Urinary Sedatives.....J. D. Smith, M.D., Dayton, Ohio.
50. Echinacea.....J. P. Bennett, Chicago, Ill.
51. Podophyllin.....M. W. Meadows, M.D., Fullerton, Ky.

WEDNESDAY, JUNE 21, 2:00 P. M.

Business Session.

Section III—Surgery.

Chairman—E. B. Shewman, M.D., Cincinnati, Ohio.
Vice-Chairman—F. L. Wilmeth, M.D., Lincoln, Neb.
Secretary—W. L. Heeve, M.D., Brooklyn, N. Y.

Address: Colloidal Chemistry as Applied to Pharmaceutical Problems, with Demonstrations.....John Uri Lloyd, Phar.M., Cincinnati, Ohio.
1. Orificial Surgery as Related to General Surgery.....Benj. E. Dawson, M.D., Kansas City, Mo.
2. Just a Useful Hint of Hemorrhoids and How I Cure Them.....M. E. Daniel, Honey Grove, Texas.
3. Emergency Surgery.....Jason Tyson, M.D., Santa Ana, Texas.
4. Intestinal Obstruction; Etiology, Differential Diagnosis, Symptoms and Treatment.....B. Roswell Hubbard, M.D., Los Angeles, Cal.
5. Curettage.....A. W. Berrow, M.D., Hot Springs, Ark.
6. Surgery in the Home.....E. G. Sharp, M.D., Guthrie, Okla.
7. Renal Calculi Surgically Treated.....F. M. Andrus, M.D., Lincoln, Neb.
8. Fibroid in Gluteal Region.....H. H. Helbing, M.D., St. Louis, Mo.
9. Gall-Bladder Lesions.....J. Stewart Hagen, M.D., Cincinnati, Ohio.
10. Treatment of Potts' Fracture.....V. P. Wilson, M.D., Cincinnati, Ohio.
11. Thyroidectomy.....L. E. Russell, M.D., Cincinnati, Ohio.
12. Pituitrin in Surgery.....E. B. Shewman, M.D., Cincinnati, Ohio.
13. Subject to be Announced.....F. L. Wilmeth, M.D., Lincoln, Neb.
14. Subject to be Announced.....W. N. Ramey, M.D., Lincoln, Neb.
15. Hyperthyroidism, Its Free Surgical Treatment.....W. L. Heeve, M.D., Brooklyn, New York.
16. Preparation of Surgical Patients for Anesthesia.....A. L. Palmitier, M.D., Brooklyn, New York.
17. Chronic Appendicitis. My New Operation, Appendicoptosis.....Stanley Tommassello, Greenwich, Conn.
18. Immediate Repair of Lacerated Perineum...E. S. Spindel, M.D., Springfield, Ill.
19. The Evolution of Surgery in the Last Fifty Years.....L. E. Russell, M.D., Cincinnati, Ohio.
20. Post-Operative Adhesions.....B. K. Jones, M.D., Kenton, Ohio.
21. Operative Cancer and Research.....S. H. Sibert, M.D., Wapakoneta, Ohio.
22. Fractures of the Femur.....E. T. Brunson, Ganges, Mich.

THURSDAY, JUNE 22, 9:00 A.M.

Business Session.

Section IV—Obstetrics.

Chairman—H. H. Helbing, M.D., St. Louis, Mo.
Vice-Chairman—Pina M. Welbourne, M.D., Los Angeles, Cal.
Secretary—F. M. Bettencourt, M.D., Mart, Texas.

1. Unusual Occurrences .....B. K. Jones, M.D., Kenton, Ohio.
2. The Lying-In Period.....J. D. McCann, M.D., Monticello, Ind.
3. Some Pointers in Obstetrics .....B. W. Mercer, M.D., Tiffin, Ohio.
4. Normal Labor .....G. O. Hulick, M.D., E. St. Louis, Ill.
5. Obstetric Practice in a Metropolis .....O. H. Rohde, M.D., Brooklyn, N. Y.

6. Placenta Previa. My First and Only Case....B. E. Dawson, M.D., Kansas City, Mo.
7. Ectopic Pregnancy .....E. B. Shewman, M.D., Cincinnati, O.
8. Our Mistakes .....W. Van Nette, M.D., Clyde, Ohio.
9. Pituitrin; Its Use and Abuse .....Carll S. Mundy, M.D., Toledo, O.
10. Cesarean Section.....H. H. Helbing, M.D., St. Louis, Mo.
11. Aids to the Parturient Woman.....H. H. Blankmeyer, M.D., Aransas Pass, Texas.
12. General Care During the Puerperium..Florence Tippett Duvall, M.D., Atlanta, Ga.
13. Care of the Mothers' Breasts.....Rosa B. Gates, M.D., Waco, Texas.
14. Attention During the Lying-In Period...Harry R. Werner, M.D., Thomas, W. Va.
15. Uterine Inertia.....M. A. Cooper, M.D., Childress, Texas.
16. Care of the Perineum.....Luther V. Bates, M.D., Waco, Texas.
17. General Care of the Pregnant Woman....W. B. Hartwig, M.D., Wileyville, W. Va.
18. Complications and their Treatment During the Pregnant Term..M. E. Eastman, M.D., Weaverville, Cal.
19. Operative Obstetrics.....J. E. Shearer, M.D., Cloverdale, Cal.
20. Prenatal Care.....P. M. Welbourne, M. D., Los Angeles, Cal.
21. The Use of Hot Water in Obstetrics.....Florence Stir Smith, Newark, Ohio.
22. Emergency Surgery in Obstetrical Practice...L. E. Russell, M.D., Cincinnati, O.
23. Ovarian Dermoid Cyst Complicating Pregnancy.....Chas. Dickerman, M.D., Somerville, Mass.

Section V—Public Health.

Chairman—H. A. Shafor, M.D., Detroit, Mich.
Vice-Chairman—G. E. Potter, M.D., Newark, N. J.
Secretary—M. E. Daniel, M.D., Honey Grove, Texas.

1. Medical Inspection of School Children .....H. A. Shafor, M.D., Detroit, Mich.
2. Control of Typhoid Fever and Diphtheria....Carll S. Mundy, M.D., Toledo, Ohio.
3. Resume, Department of Health, New Jersey, 1915.G. E. Potter, M.D., Newark, N. J.
4. Physicians and Public Health.....W. H. Price, M.D., Detroit, Mich.
5. Preventive Medicine.....Guy Kiefer, M.D., Detroit, Mich.
6. New Jersey Mosquitoes .....G. E. Potter, M.D., Newark, N. J.
7. The Female Aspect of Child Labor....M. B. Pearlstien, M.D., Brooklyn, N. Y.
8. Increase and Mortality of Preventable Diseases, and a Hint as to their Cause and Cure.....W. E. Daniel, M.D., Madison, S. D.
9. What Michigan is Doing.....T. C. O'Donnell.

THURSDAY, JUNE 22, 2.00 P.M.

Business Session.

Section VI—Nervous and Mental Diseases.

Chairman—W. E. Postle, M.D., Shepard, Ohio.
Vice-Chairman—F. S. Peck, M.D., Oklahoma City, Okla.
Secretary—F. E. Hufnail, M.D., Minneapolis, Minn.

1. Certain Psychoses as Found in Children.....T. D. Adlerman, M.D., Brooklyn, N. Y.
2. Paranoia .....F. E. Hufnail, M.D., Minneapolis, Minn.
3. Some Psychological Stigmata of Tuberculosis.V. von Unruh, M.D., Brooklyn, N. Y.
4. Are We All Insane?.....Theo. D. Adlerman, M.D., Brooklyn, N. Y.
5. Some Forms of Insanity not Usually Recognized.....F. S. Peck, M.D., Oklahoma City, Okla.
6. The Mentally Defective.....W. E. Postle, M.D., Shepard, Ohio.
7. Drug Addiction.....Amos Givens, M.D., Stamford, Conn.
8. Our Mistakes.....Wesley Van Nette, M.D., Clyde, Ohio.

Section VII—Gynecology and Orificial Surgery.

Chairman—B. E. Dawson, M.D., Kansas City, Mo.
Vice-Chairman—J. S. Hagen, M.D., Cincinnati, Ohio.
Secretary—M. B. Pearlstein, M.D., Brooklyn, N. Y.

1. A Plea for Non-Operative Gynecology....Allen Bush, M.D., Morgantown, W. Va.
2. Gynecological Reflex Neuroses .....A. F. Stephens, M.D., St. Louis, Mo.
3. The After Treatment of Orificial Surgery....W. E. Kinnett, M.D., Peoria, Ill.
4. Indications for Subtotal Hysterectomy.....E. B. Shewman, M.D., Cincinnati, O.
5. Prolapsus of the Uterus, Including Cystocele and Rectocele.....H. H. Helbing, M.D., St. Louis, Mo.
6. Some Orificial Facts, Hints and Suggestions..B. E. Dawson, M.D., Kansas City, Mo.
7. Observations in Orificial Surgery.....F. G. H. Meckfessel, M.D., Albert, Kan.

8. A Case of Insanity Cured by Orificial Surgery.....H. T. Webster, M.D., Oakland, Cal.
9. Diseases of the Uterus.....Chas. Woodard, M.D., Chicago, Ill.
10. Ovarian Cysts.....**E. B. Shewman, M.D., Cincinnati, Ohio.**
11. Subject not Announced.....J. M. Jaques, M.D., Edmond, Kan.
12. Coccygectomy .....J. F. Cave, M.D., Kansas City, Mo.
13. Cystospasm, or Muscular Spasm of the Bladder.....Simon L. Katzoff, M.D., Atlanta, Ga.
14. Fibroid Tumors of the Uterus, the High Frequency Treatment....A. S. Tuchler, M.D., San Francisco, Cal.
15. Surgery of the Cervix Uteri.....S. G. Boyce, M.D., Little Rock, Ark.
16. Lacerations.....V. E. Duren, Hot Springs, Ark.

FRIDAY, JUNE 23, 9:00 A.M.

Business Session.

Section VIII—Pediatrics.

Chairman—Emile Brunor, M.D., New York, N. Y.
Vice-Chairman—G. C. Porter, M.D., Linton, Ind.
Secretary—W. N. Mundy, M.D., Forest, Ohio.

1. The Child and the Upper Orificial Reflexes....Geo. C. Porter, M.D.,, Linton, Ind.
2. Arthritis Deformans.....E. M. Wright, M.D., Warsaw, Ohio.
3. The Backward Child .....W. E. Postle, M.D., Shepard, Ohio.
4. Some Problems in Infant Feeding .....F. O. Williams, M.D., Columbus, Ohio.
5. Pneumonia .....Florence Stir Smith, M.D., Newark, Ohio.
6. Tubercular Infection in Children.....H. V. Brown, M.D., Los Angeles, Cal.
7. Hormone Therapy in Pediatrics.....H. C. Smith, M.D., Glendale, Cal.
8. Gastro-Enteritis .....Allen Bush, M.D., Morgantown, W. Va.
9. Chickenpox .....Janet D. Quinn, M.D., Newport, Ky.
10. Pneumonia .....G. H. Smith, M.D., Kansas City, Kan.
11. Syphilis in Children .....Clinton Roath, M.D., Los Angeles, Cal.
12. Infant **Nutrition in Health and Pathology**.....Ivadell Rogers, M.D., Lawrenceburg, Tenn.
13. Scarlet Fever .....Ida F. Kittredge, M.D., St. Louis, Mo.
14. The Child and the Lower Orifices.....J. H. Hauck, M.D., Terre Haute, Ind.
15. The Naso-Pharynx.....J. P. Harbert, M.D., Bellefontaine, Ohio.
16. Diphtheria.....H. S. Lowrance, M.D., Chebanse, Ill.
17. Errors of Refraction in Children.....R. C. Heflebower, M.D., Cincinnati, Ohio.
18. Gastro-Enteritis .....W. N. Tindall, M.D., Shelbyville, Tenn.
19. Typhoid Fever .....A. J. Nellans, Shelburn, Ind.
20. Scarlet Fever .....H. S. Lowrance, M.D., Chebanse, Ill.
21. Acute Endocarditis in Children.....H. J. Terpenning, M.D., Fulton, N. Y.
22. Summer Diarrhea in Children.....A. F. Stephens, M.D., St. Louis, Mo.
23. Infant Feeding.....J. V. Stevens, M.D., Spencer, Ind.

Section IX—Pathology.

Chairman—C. L. Johnstonbaugh, M.D., Bethlehem, Pa.
Vice-Chairman—H. L. Henderson, M.D., Astoria, Oregon.
Secretary—Rosa B. Gates, M.D., Waco, Texas.

1. Some Pathological Conditions.....C. D. R. Kirk, M.D., Shuqualak, Miss.
2. Pellagra.....G. M. Williams, M.D., Merkel, Texas.
3. Disastrous Reflexes from Obscure Pathology .....Ben. E. Dawson, M.D., Kansas City, Mo.
4. Subject not Announced.....W. O. Keffer, M.D., Frugality, Pa.
5. Sleeping Sickness.....C. L. Johnstonbaugh, M.D., Bethlehem, Pa.

Section X—Genito-Urinary Diseases.

Chairman—G. O. Hulick, M.D., East St. Louis, Ill.
Vice-Chairman—H. Dincin, M.D., Brooklyn, N. Y.
Secretary—C. E. Laws, M.D., Ft. Smith, Ark.

1. Operations on the Prostate.....H. H. Helbing, M.D., St. Louis, Mo.
2. Cause of Cystitis .....H. S. Lowrance, M.D., Chebanse, Ill.
3. Gonorrhea in the Female .....G. O. Hulick, M.D., E. St. Louis, Ill.
4. Stricture, Causes and Treatment.....B. C. Minkler, M.D., Des Moines, Iowa.
5. Injection Treatment for the Cure of Gonorrhea.....J. D. Stewart, M.D., Detroit, Mich.

6. Some Facts and Fallacies in the Treatment of Gonorrhea...J. E. G. Waddington, M.D., Detroit, Mich.
7. Gonorrheal Infection.....A. W. Berrow, M.D., Hot Springs, Ark.
8. Palliative Treatment for Chronic Prostitis.....Herbert T. Webster, M.D., Oakland, Cal.
9. Surgical Treatment in Gonorrheal Diseases...G. H. Stagner, M.D., Waco, Texas.
10. Gonorrhea.....W. G. Choate, M.D., Hot Springs, Ark.
11. Syphilis of the Nervous Ssytem.....L. S. Marshall, M.D., Little, Rock, Ark.
12. Chronic Urethritis and Its Relation to Neurasthenia.....V. E. Duren, M.D., Hot Springs, Ark.

FRIDAY, JUNE 23, 2:00 P. M.

Business Session.

Section XI—Ophthalmology.

Chairman—J. C. Solomon, M.D., Los Angeles, Cal.

Vice-Chairman—**J. H. Powell, M.D.**, Atlanta, Ga.

Secretary—J. P. Harbert, M.D., Bellefontaine, Ohio.

1. The Cataract Operation.....J. H. Powell, M.D., Atlanta, Ga.
2. Sinusitis.....J. P. Harbert, M.D., Bellefontaine, Ohio.
3. Eye Affections in Congenital Syphilis.....J. C. Solomon, M.D., Los Angeles, Cal.
4. Prophylaxis of Ophthalmia Neonatorum.....J. C. Solomon, M.D., Los Angeles, Cal.
5. The Surgery of the Tonsils.....J. Fraser Barbrick, M.D., Los Angeles, Cal.
6. Mastoiditis.....C. S. Amidon, M.D., Mechanicsburg, Ohio.
7. Hypertrophy of Turbinated Bones.....C. M. Neldon, M.D., Coshocton, Ohio.
8. Diseased Tonsils, My Way of Treating Them.....Theo. Slayden, M.D., Williamson, W. Va.

The following resolution was presented by Dr. W. E. Daniels, and in accordance with the constitution, will be acted upon at this meeting.

"Whereas, There is seemingly a difference of opinion regarding the right of a State society to give its proxy to a member of the National Association who is not a resident of said State.

"Whereas, The National Society wishing to avoid any misunderstanding and to avoid giving undue power to any one person; therefore, be it resolved, that on and after the adoption of these resolutions, that no person shall be a delegate or hold a proxy from any State unless he is a bona fide resident of said State."

Respectfully submitted,

Madison, S. D. W. E. Daniels.

Unfinished Business.

Installation of Officers.

Appointment of Standing Committees.

Adjournment.

SOCIETY CALENDAR.

1. National Eclectic Medical Association—President, T. D. Adlerman, 910 St. John's Place, Brooklyn, New York; Secretary, Wm. P. Best, Indianapolis, Indiana. Cedar Point, Ohio, June 20-23, 1916.
2. Albany and Saratoga District Medical Society.
3. American Eclectic Materia Medica Association. President, R. B. Taylor, Columbus, Ohio; Secretary, A. W. Smith, Berwyn, Ill.
4. Arkansas Eclectic Medical Society. President, Adolph Jernigan, Tuckerman; Secretary, J. F. Lewis, Little Rock, June, 1916.
5. Atlanta Eclectic Medical Society. President, J. Q. Brantley; Secretary, S. L. Katzoff, Atlanta.
6. Boston District Eclectic Medical Association. President Geo. E. Pool, Sherbourn.
7. Brooklyn Therapeutic Society. Secretary, J. Steele, 96 Monitor Street, Brooklyn. Quarterly.
8. California Eclectic Medical Society. President, Chas. Clark, San Francisco; Secretary, H. Ford Scudder, Los Angeles, San Francisco.
9. Central New York Eclectic Medical Society. Secretary, J. H. Terpenning, Fulton; L. B. Gardiner, Geneva.

10. Chicago Eclectic Medical and Surgical Society. Monthly.
11. Colorado Eclectic Medical Society. President, J. A. Dungan, Greeley; Secretary, Geo. Candlin, Eaton.
12. Connecticut Eclectic Medical Society. President, James E. Hair, Bridgeport; Secretary, R. L. White, Mansfield Center. Semi-annually.
13. Dayton Eclectic Medical Society. President, E. E. Bechtel; Secretary, J. F. Wuist. Third Friday of each month.
14. Doctors Club, St. Louis. President, E. R. Wakehouse; Secretary, A. F. Stephens, St. Louis, Mo.
15. Eclectic Medical Society of the City and County of New York. President, H. Harris; Secretary, J. Berkenhauser, 216 E. 17th St., New York City. Third Thursday of each month.
16. Florida Eclectic Medical Association. Pres. Geo. E. Dickerson, Jacksonville; Secretary, Frank Galvas, Lake Worth.
17. Ft. Wayne Eclectic Medical Society. President, G. A. Barry; Secretary, J. E. Morris. Monthly.
18. Georgia Eclectic Association. President, A. M. Moore, Waleska; Secretary, E. L. Daniel, Atlanta. Atlanta, 1917.
19. Illinois Eclectic Medical Association. President, E. G. Trowbridge, Chicago; Secretary, E. S. Spindel, Springfield. Chicago, 1917.
20. Indiana Eclectic Medical Association. President, G. E. Porter, Linton; Secretary, F. L. Hosman, Indianapolis. Indianapolis, 1916.
21. Iowa Eclectic Medical Society. President, H. S. Huckins, Des Moines; Secretary, B. C. Minkler, Des Moines, May, 1916.
22. Kansas Eclectic Medical Association. President, Jay Baird, Coffeyville; Secretary, J. H. Rinehart, Topeka. Emporia, 1916.
23. Jackson County Eclectic Medical Society, President, Geo. J. Conley; Secretary, Samuel McCubbin. Semi-annually, Coates Hotel, Kansas City, Mo.
24. Kentucky Eclectic Medical Society. President, J. L. Richardson, Ashland; Secretary, Lee Strouse, Covington. Louisville, 1916.
25. Kentucky Central Auxiliary. President, J. H. Shultz, Jeffersonville; Secretary, T. A. E. Evans, Farmers.
26. Kentucky Eastern Auxiliary. President, D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton.
27. King's County Eclectic Medical Society. President, A. Wolf; Secretary, T. D. Adlerman, Brooklyn. Brooklyn.
28. Los Angeles Eclectic Medical Society. President, O. C. Welbourn, Los Angeles; Secretary, K. E. Seeburger, Los Angeles.
29. Maine Eclectic Medical Society. President, A. S. Von Sonneberg, Boston, Mass.; Secretary, Fred W. Abbott, Taunton, Mass. Next meeting Portland, Me., May, 1916.
30. Maryland State Eclectic Medical Society. President, Geo. W. Fisher, Baltimore; Secretary, F. L. C. Helm, 2757 W. North Ave., Baltimore.
31. Massachusetts Eclectic Medical Society. President, Chas E. Buck, Boston; Secretary, Fred. G. Phillimore, 320 Hanover Street, Boston, Mass. Boston, June, 1916.
32. Michigan Eclectic Medical Society. President, V. L. Bell, Grand Rapids; Secretary, J. E. G. Waddington, Detroit. Detroit, June, 15-16, 1916.
33. Missouri Eclectic Medical Society. President, J. R. Berry, Cartersville; Secretary, B. J. Weisner, St. Louis. Kansas City, May, 1916.
34. Missouri Valley Eclectic Medical Association. John C. Story, St. Joseph.
35. Minnesota Eclectic Medical Society.
36. Monroe County Eclectic Medical Society. Secretary, Darwin Cary, 31 Grand Avenue, Rochester, New York.
37. Nebraska Eclectic Medical Society. President, W. D. Guttery, Norfolk; Secretary, J. N. Campbell, Stamford.
38. New England Medical Association. President, C. A. Pratt, Mattapan, Mass.; Secretary, F. W. Abbott, Taunton, Mass. Boston, Mass. Boston, 1916.
39. New Hampshire Eclectic Medical Society.
40. Northeastern Ohio Eclectic Medical Society. President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.
41. Northwestern Ohio Eclectic Medical Society. President, W. E. Bloyer, Buckland; Secretary, Wm. F. Lehr, Arlington.
42. New Jersey Eclectic Medical Society. President, Geo. E. Potter, Newark; Secretary, A. Liva, Lyndhurst. Newark, May 23, 1916.
43. New York Eclectic Medical Society. President, R. A. Toms, Kenmore; Secretary, T, D, Adlerman, 910 St. Johns Place, Brooklyn. Albany, March, 1917.

44. New York Specific Medication Club. President, M. B. Pearlstein, Brooklyn; Secretary, John Birkenhauser, 216 East 17th Street, New York City. Second Thursday of each month.
45. Northwestern Indiana Eclectic Medical Society. Secretary, W. F. Smith, Huntington.
46. Ohio Central Eclectric Medical Society, President, Geo. Williams, Columbus; Secretary, C. M. Deem, Columbus. Monthly.
47. Ohio Eclectic Medical Association. President, H. W. Powers, Amherst; Secretary, W. N. Mundy, Forest. Cedar Point, June 19, 1916.
48. Oklahoma Eclectic Medical Society. President, T. C. Leachman, Richmond; Secretary, D. E. McCarty, El Reno, Tulsa, May, 1916.
49. Oregon Eclectic Medical Association. Secretary, Byron F. Miller.
50. Pennsylvania Eclectic Medical Association. President, M. V. Hazen, Harrisburg; Secretary, J. E. Ritter, Jersey Shore. Johnstown, October, 1916.
51. Saratoga and Albany Eclectic Medical Society. Secretary, E. H. King, Saratoga Springs.
52. South Dakota Eclectic Medical Society. President, W. E. Daniels, Madison; Secretary, W. P. Collins, Howard.
54. Southern California Eclectic Medical Association. President, O. C. Darling, Riverside; Secretary, H. C. Smith, Los Angeles.
54. Southwestern Ohio Eclectic Medical Association. President, J. D. Estell, Cincinnati; Secretary, Cloyce Wilson, Cincinnati.
55. San Francisco County Eclectic Medical Society. Secretary, A. Florence Temple. Meets first Thursday of each month, except July.
56. Sullivan County Eclectic Medical Society.
57. Tennessee Eclectic Medical Association. President, J. P. Harvill, Nashville; Secretary, John O. Cummins, Nashville. May, 1916.
58. Texas Eclectic Medical Association. President, L. V. Bates, Waco; Secretary, H. H. Blankemeyer, Aransas Pass. Waco, November 7-9, 1916.
59. Vermont Eclectic Medical Association. President, J. V. H. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier.
60. Washington Eclectic Medical Association. President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle.
61. Western Ohio Eclectic Medical Association. President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly.
62. Western New York Eclectic Medical Society. President, T. A. Toms, Kenmore; Secretary, E. L. Downey, Middleport.
63. West Virginia Eclectic Medical Association. President, M. H. Waldron, Naugatuck; Secretary, A. C. Lambert, Charleston.
64. Wisconsin Eclectic Medical Society. President, J. B. Brewer, Jefferson; Secretary, R. C. Rodecker, Holcombe. Beloit, June 1, 2, 3, 1916.

MINUTES OF THE HOMEOPATHIC-ECLECTIC CONFERENCE.

CHICAGO, ILL., February 8, 1916.

AUDITORIUM HOTEL.

The fourth annual joint meeting of the committees representing the American Institute of Homeopathy and the National Eclectic Medical Association was called to order by Dr. FitzPatrick, who nominated Dr. Scudder for chairman. Dr. FitzPatrick was nominated for secretary. They were declared elected.

ROLL CALL.

A. I. H.	Eclectic
Stewart	Scudder
Replogle	Thomas
Beebe	Mundy
McCann	Wilmeth
Siemon	Best
FitzPatrick	Spindel
Copeland	Cummins

Chairman Scudder drew attention to the method in vogue for selecting the personnel of the committees—advised enlarging the body and selecting men with care as to their fitness and influence, Dr. Beebe and others concurring.

The Federation of State Medical Examining Boards of the United States received a free and considerable discussion in reference to a National Licensing Board.

Dr. Siemon moved that we recommend to the American Institute of Homeopathy and National Eclectic Medical Association that as nearly as possible in the appointment of the Conference Committees that have to do with the interests of our respective schools as they relate to general medical interests the principle be followed that fitness and willingness to serve rather than geographical and personal reasons obtain. Said committee to be composed of not less than ten from each of the two associations. Discussed by Drs. Mundy, McCann and Stewart. Seconded and adopted.

Dr. Scudder moved that a copy of the list of members, both Homeopathic and Eclectic, now holding office on the various State Boards be sent to each member of the Conference Committee as well as to the representative State Board members. Seconded and adopted.

Dr. McCann moved that as there are non-members of the National Societies holding positions upon the State Examining Boards as representatives of these two schools, that they be investigated and an effort be made to rectify this deplorable situation. Seconded and adopted.

A resolution proposed by Dr. T. H. Carmichael, Philadelphia, Pa. (absent):

Resolved, That as a joint conference of committees representing the American Institute of Homeopathy and the National Eclectic Medical Association, we agree to recommend to these respective National Societies that upon matters brought before this joint conference which have been discussed and adopted, each of the above-named societies shall work in conjunction with the other as a unit. Seconded and adopted.

As a suggestion, it was moved that the Conference Committee draw up a model medical practice act, to be submitted to the Federation of State Medical Examining Boards of the United States in 1917. Adopted.

As a suggestion, it was moved that the American Institute of Homeopathy and the National Eclectic Medical Association in June, 1916, each appoint a committee for the purpose of inspecting, valuing and classifying their own medical colleges and hospitals with a view to manifesting our independence of the American Medical Association Council of Medical Education. Adopted.

Moved that the question of approval of the self-appointed "National Board of Medical Examiners" be referred to our National organizations for consideration.

JOHN K. SCUDDER, M.D., *Chairman.*
630 W. Sixth St., Cincinnati, O.
GILBERT FITZPATRICK, *Secretary.*
Chicago, Ill.

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Ante, J. W., 808 Marietta St., Atlanta.
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Griffiths, D. H., 701 Flat Iron Building, Atlanta.
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Rhodes, R. O., Kansas City.

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Hull, C. J., Carthage.
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Reed, George L., Etna.
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Wellman, W. D., Jamestown.
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SEPTEMBER, 1915. VOL. 7, No. 1.

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FOREST, HARDIN COUNTY, OHIO

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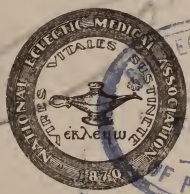

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